

ENGLISH FOR DOCTORS

**Authentic Consulting – Room Activities
for Doctors, Dentists, Students and Nurses**

with accompanying recorded material

Mária Győrffy

SECOND EDITION



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Introduction

For most doctors whose first language is not English communication with colleagues at international conferences or when working abroad does not pose a great problem, as the medical language used is fairly universal. However, when faced with English-speaking patients in the consulting-room different vocabulary and language is required. This book has been written bearing this problem of direct communication in mind. It is aimed at those wishing to work in English-speaking countries, e.g. doctors, medical students, assistants and nurses, who have to communicate in English.

The author has had many years of experience teaching medical English to doctors and undergraduates. She appreciates the vital need for medical professionals to communicate accurately with patients at their own level. She has worked to fulfil this need by collecting authentic materials in consulting rooms in the United Kingdom and in the United States. This book is a revised version of English for Doctors, published in 1995, which is already used by students at the Medical University of Pécs, Hungary.

The book is accompanied by CD-s and cassettes; complete tapescripts of which are found at the back of the book along with the exercises, answer key and pronunciation transcript for the medical words.

The book is divided into 13 units based on the main medical specialities. Each unit contains dialogues on patients' complaints, history-taking, examination, treatment and advice. Exercises consist of a pre-listening activity designed to model existing knowledge and vocabulary, a listening section involving both comprehension and new colloquial vocabulary, as well as practice of useful phrases and a section on the doctor's role where new language skills can be consolidated.

The book is a valuable resource for both individual and group study. Knowledge of medicine is not essential for teachers using this book as their own language expertise combined with their students' professional knowledge has been found to be a valuable learning combination.

The purpose of this book is to provide a means for doctors, nurses and medical students to learn the colloquial English used by both British and American patients and to provide opportunities for review, repetition and practice which will be indispensable in their professional lives.

How to use the book?

- ⌚ **Pre-listening activity** Do this before listening to the tape and check your answers after listening.
- ⌚ **Listening** Listen to the recording as many times as you like before attempting the exercises and listen again to check your answers.
- ⌚ **Doctor's role** Formulate your questions and explanations, basing your vocabulary on that used on the recording. Remember to keep your language as simple as possible and avoid medical terminology wherever possible.

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Cassette 1: Units 1, 4	CD 1: Units 1, 2
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Cassette 3: Units 2, 5, 7, 9, 10	CD 3: Units 5, 6, 7
Cassette 4: Units 8, 11, 12, 13	CD 4: Units 8, 9, 10
	CD 5: Units 11, 12, 13

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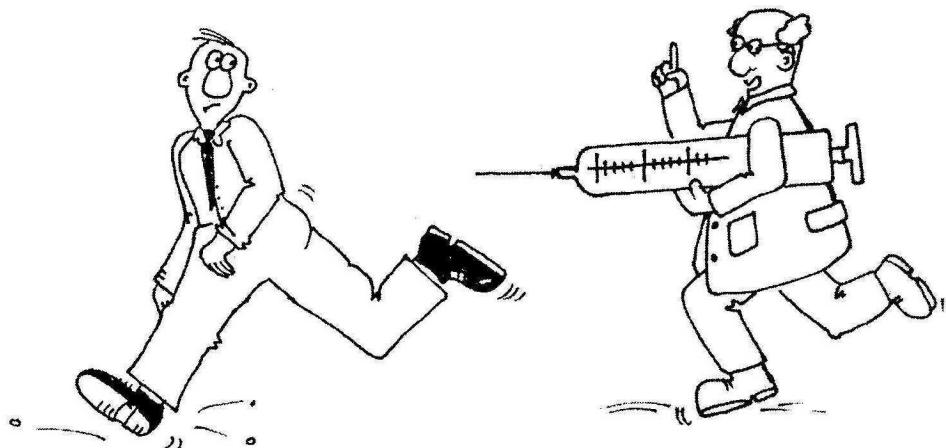
Unit 1

INTERNAL MEDICINE

(HISTORY-TAKING IN GENERAL)

Contents

- 1 PAST MEDICAL HISTORY
- 2 FAMILY HISTORY
- 3 SOCIAL HISTORY
- 4 PRESENT COMPLAINTS
- 5 PAIN
- 6 HEADACHE
- 7 VERTIGO
- 8 BODY TEMPERATURE AND SWEAT
- 9 NAUSEA AND VOMITING
- 10 DYSPNOEA
- 11 COUGH
- 12 HEART SYMPTOMS
- 13 BODY WEIGHT AND DIET
- 14 BOWEL MOVEMENTS
- 15 BLOOD
- 16 MEDICAL EXAMINATION
- 17 ISOTOPE SCANNING



1/1 PAST MEDICAL HISTORY

1  This is a pre-listening activity to prepare you for the dialogue you will hear next. Circle the questions according to whether you would hear them concerning a patient's past medical history during the first visit to the hospital specialist or not.

- a) Have you ever been in hospital?
- b) Did you have any childhood diseases?
- c) Do you ever see double?
- d) Are your parents still alive?
- e) Have you ever had an operation?
- f) Are you currently taking any medicine?
- g) Do you have any problems with your teeth?
- h) What kind of treatment did you receive?



2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.

3 Read the questions below, then listen to both dialogues again and tick the correct answer.

- a) What does the patient tell the doctor about his childhood diseases?
 - A He never had any of the childhood diseases the doctor listed.
 - B He had rubella.
 - C He had chickenpox and measles.
- b) Has the patient ever been in hospital?
 - A Yes, once, when he had his tonsils out.
 - B No, he has never had to stay in hospital.
 - C Yes, once. He had his appendix removed.
- c) How old was he when he developed diabetes?
 - A 40
 - B 14
 - C 44

4 Listen to both dialogues again, then find the equivalent expression in the American dialogue.

- a) German measles
- b) Have you ever been in hospital?
- c) I've been having insulin injections.
- d) Are you up-to-date with all your immunisations?

5 Here are some useful phrases a doctor needs when inquiring about a patient's past medical history. Pair up the words below that you would expect to find in the same context.

a) chickenpox	A hospitalisation
b) appendicitis	B major health problem
c) insulin shots	C childhood disease
d) high blood pressure	D treatment

6 Complete the questions using the words or phrases in the box.

symptoms	major health problem	in hospital	up-to-date	childhood diseases
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- a) Have you ever had any like measles or chicken pox?
- b) Have you ever been for more than a week?
- c) Do you have a such as diabetes or high blood pressure?
- d) Are you with your immunisations?
- e) What were the first of your overactive thyroid?

7 Read the following phrases which tell you what information to obtain from your patient. Formulate questions and write them out below.

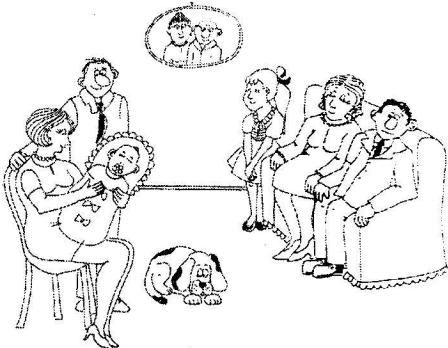
- a) childhood diseases
- b) major health problems
- c) admission to hospital
- d) surgery
- e) treatment
- f) immunisation

1/2 FAMILY HISTORY

1  This is a pre-listening activity. Read the following questions and choose the one from each pair which you consider more polite.

- a) A Is there anyone in your family who is crazy?
B Is there anyone in your family who suffers from mental illness?
- b) A At what age did your father die?
B How old was your dad when he popped off?
- c) A Are there any medical problems with your kids?
B Is there anything wrong with your children's health?
- d) A And your aunt with diabetes, is she still so fat?
B And your aunt who has diabetes, does she still have a weight problem?

2  **Read through the comprehension questions below. Now listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.**



3 **On the basis of the dialogue indicate whether the following statements are true or false.**

- a) There are no illnesses in the woman's family.
- b) Her father died of a heart attack.
- c) Her father suffered from a long illness.
- d) Her children both have diabetes.

4 **Listen to both dialogues and find the equivalent expression in the American dialogue.**

- a) He died.
- b) Did he suffer for a long time with his heart condition?
- c) to have insulin injections
- d) tablets

5 **Match up those phrases which have the same meaning.**

a) as far as you know	A to be very ill with something
b) to be on a diet	B injections for people with diabetes
c) insulin injections	C in your opinion
d) illnesses that run in the family	D to eat carefully
e) to suffer from a disease	E medical problems among relatives

6  **You will hear several questions a doctor would ask a patient. After listening to the questions, choose the patient's response.**

1

- a) Yes, three times to Greece.
- b) Yes, I'm married with two children.
- c) No, we have an apartment.

2

- a) Yes, diabetes and heart problems.
- b) Yes, chickenpox and measles.
- c) Yes, pneumonia and a bad cough.

3

- a) He was 55 years old.
- b) He visited the hospital.
- c) He died of old age.

4

- a) She is 60 years old.
- b) Her husband died last year.
- c) She has trouble with her heart.

1/3 SOCIAL HISTORY

1  The following questions are necessary to take a patient's social history. You will hear some patients' responses. Which pair of answers could be given to each of the questions? Number the questions in the order you hear the responses.



- a) Are you employed?
- b) Is it an office job or are you on your feet all day?
- c) How much do you smoke a day?
- d) Do you ever drink any alcohol?
- e) What are your living conditions like?

2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.

3 Indicate whether the following statements are true or false.

- a) The patient had a white-collar job.
- b) The patient realises that smoking is harmful.
- c) The patient started drinking and smoking at the same age.
- d) He likes to drink whisky and beer, but prefers not to drink wine.
- e) The patient and his family rent a small house.

4 After listening to both dialogues, find the equivalent expression in the American dialogue:

- a) I've just been made redundant.
- b) I was desk-bound.
- c) I gave up smoking.
- d) What sort of house do you live in?
- e) We live in a small flat.

5 Read the four sets of questions below, and choose the odd-one-out from each set which does not mean the same as the others.

a) A Are you employed? B Do you have a job? C Is your job stressful?	c) A Have you ever been drunk? B What is your alcohol consumption? C How much alcohol do you drink a day?
b) A Have you given up tobacco? B Have you stopped smoking? C How much do you smoke?	d) A Do you have a big mortgage? B Is your rent expensive? C Does your landlord charge a lot?

6  You will hear some statements made by patients. Choose the questions the doctor must have asked to elicit the patients' responses. It is a good idea to read the questions before you listen to the patient.

1	3
A How long have you been unemployed?	A Do you smoke a pipe or cigarettes?
B Do you have any children?	B How long have you been smoking?
C Are you working right now?	C Have you ever tried to stop smoking?
2	4
A Where do you work?	A Do you only drink at night or do you start in the morning?
B Is your job quite stressful?	B Do you ever feel guilty about your use of alcohol?
C Are your working conditions safe?	C Have you ever tried cutting down on your drinking?

1/4 PRESENT COMPLAINTS

1  You will see eight questions. Five of them are about a patient's present complaints and three would be asked during other visits. Find the three odd-ones-out, then listen to the recording and repeat the questions. Remember that stress and intonation are important.

- a) What's the problem today?
- b) Was your mother also allergic to cats?
- c) Can you tell me what your symptoms are?
- d) Have you ever had these complaints before?
- e) Are you married or single?
- f) What seems to bring this condition on?
- g) When did you start feeling poorly / to feel ill?
- h) Does anyone else in your family have the same problem at the moment?

2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.



3 Decide whether the following statements are true or false.

- a) The patient was short of breath for the first time a year and a half ago.
- b) He has had the same complaints on and off since he was a child.
- c) He knows the cause of his illness and wants some tablets for it.
- d) His condition improves whenever he goes to see his sister in London.
- e) The doctor thinks that something might be wrong with the patient's respiratory and circulatory systems.

4 After listening to both dialogues, find the equivalent expression in the American dialogue:

- a) I've been feeling so poorly recently.
- b) You haven't experienced this symptom before?

5  **The following questions are useful when asking a patient about his present condition. Match the questions that have the same meaning. When you have finished, listen to the recording and repeat the questions.**

a) What can I do for you today?	A Can you describe the changes that have occurred?
b) What do you mean by that?	B What do you think causes your condition?
c) What are your symptoms?	C Did your condition change without any warning?
d) Did it start suddenly?	D Can you describe that in more detail?
e) What brings it on?	E How can I help you, Mr. Jones?

6 Here are several questions the doctor asked her patient. Unfortunately, the questions got mixed up. Rearrange them in a logical order.

- a) What do you mean by feeling poorly?
- b) What do you think brought it on this time?
- c) What is the problem today?
- d) Let me listen to your heart and lungs.
- e) When did you first notice the symptoms?

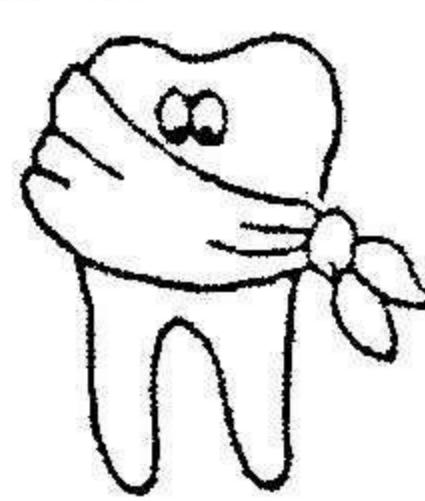
1/5 PAIN**1**   **It is vital for doctors to understand exactly what kind of pain the patient experiences. There are a large number of words describing pain in English and this unit tries to introduce most of them. Overleaf are questions which are asked concerning pain in particular areas. Study the different words and phrases used and indicate the one or ones in each section which is inaccurate.**

HEAD**Do you have a/an ... headache?**

splitting
throbbing
band-like
dull
aching
burning
sharp
stabbing
colicky
migraine
blinding
stress-induced
tension

**TOOTH****Do you have (a) ... toothache? /
Is your toothache ...?**

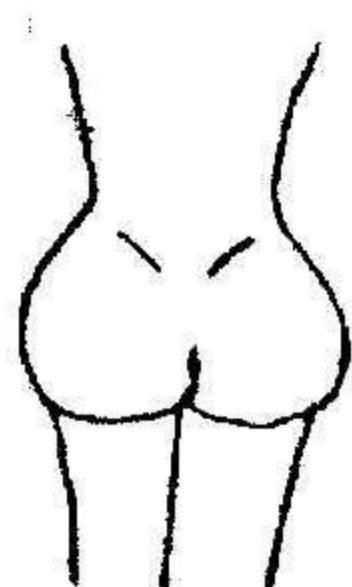
sharp
dull
throbbing
stabbing
pulsating

**Is your tooth ...?**

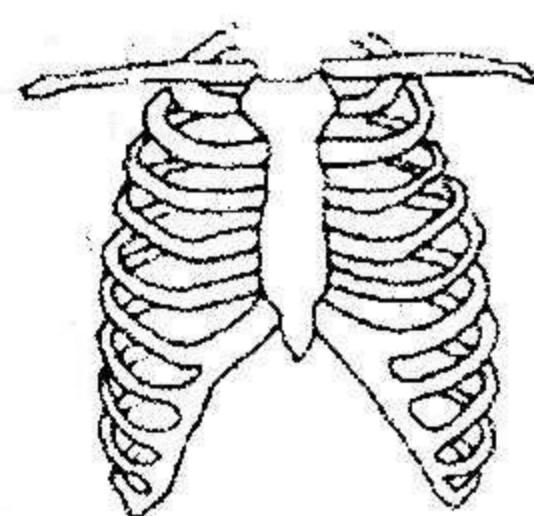
sensitive
aching
tender
cramping

LOWER BACK**Is the pain in your back ...?**

slow in onset
long in duration
dull
diffused
aching
steady/constant
severe
progressing poorly
localised
crushing
deep
mild

**CHEST****Is the pain in your chest ...?**

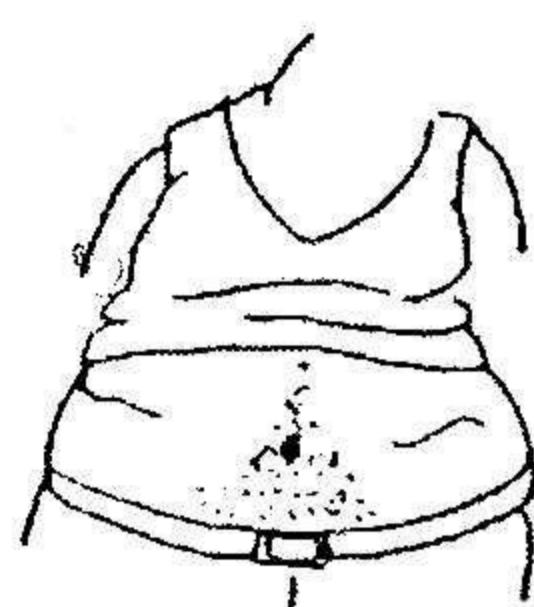
**Do you have a ... pain
in your chest?**
burning
constricting
bursting
choking
squeezing
gripping
pressing
crushing
sticking
jabbing
sharp
sensitive
knife-like
 fleeting
throbbing
dull
severe
stabbing

**Is the pain in your chest ...?**

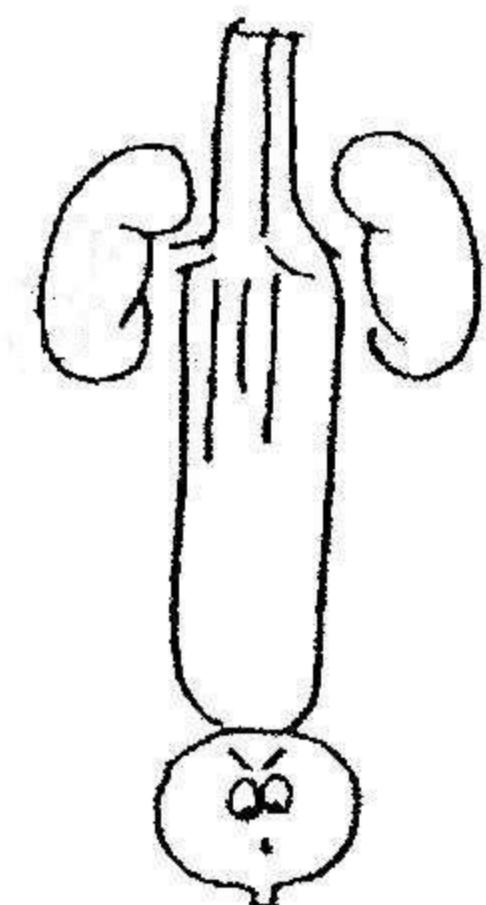
like a weight on it
like a band across it

ABDOMEN**Do you feel any /a ... pain
in your abdomen?**

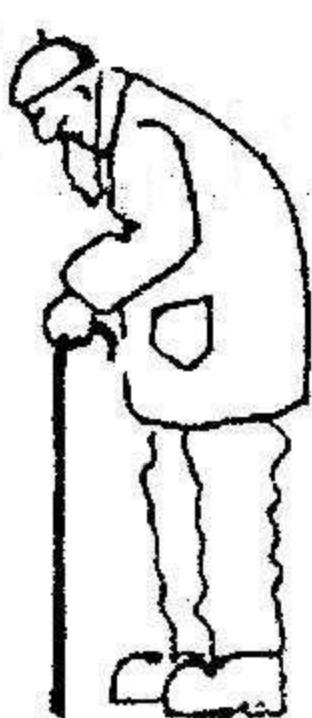
sharp
dull
aching
gnawing
burning
cramping
colicky
diffused
localised
recurrent
constant
flank
intermittent
stabbing

**Do you get / feel bloated?****Do you have any heartburn /
indigestion?****KIDNEYS AND
URINARY TRACT****Do you have (a) ... pain/ache/
discomfort?**

sharp
dull
severe
burning
stinging
nagging
niggling
splitting
flank
back
abdominal
steady
low grade

**Do you have slight discomfort?****EXTREMITIES****Do you have a/an ... pain
in your shoulder/hand/foot?**

cramp
sharp
tingling
shooting
dull
burning
severe
pulsating
throbbing

**Do you have ...
in your hands/arms?**

weakness
numbness
tension

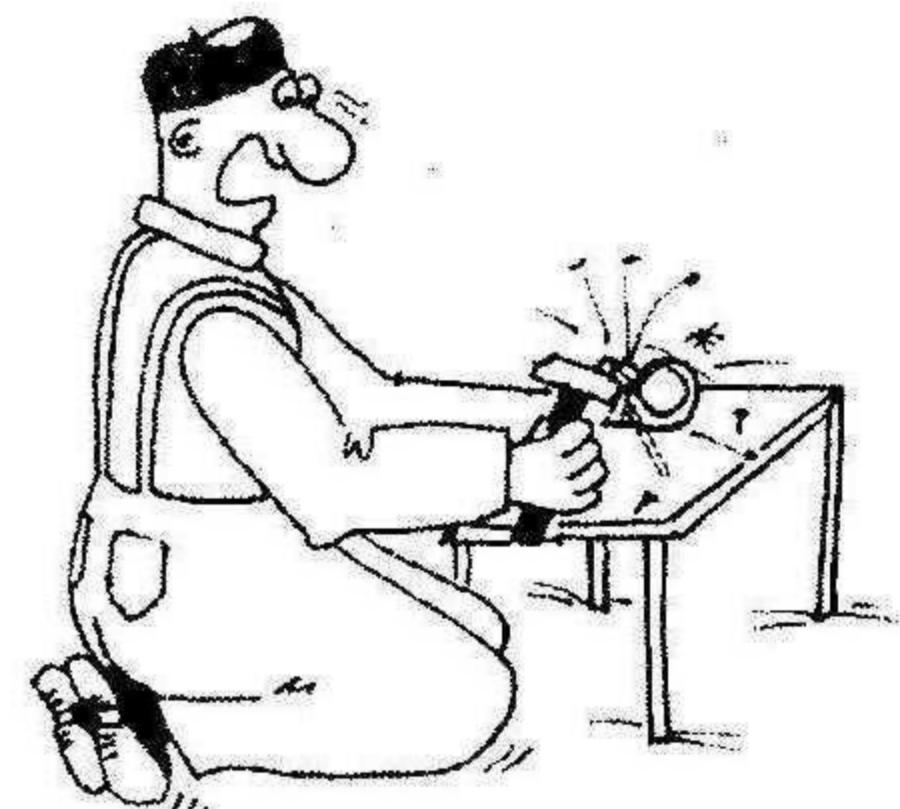
Do you have cramp?**Do you have an ache
in your hand?**

2 Match the kinds of pain with the parts of the body that they are most usually associated with.

A

- a) aching
- b) sharp
- c) throbbing
- d) splitting
- e) stabbing
- f) squeezing
- g) colicky
- h) cramping

- A abdomen
- B heart
- C appendix
- D chest or abdomen
- E head
- F tooth
- G back

**B**

Match the kinds of pain with their synonyms.

acute	chronic	circumscribed	constant	constricting	cramp	diffused
dull	excruciating	fixed	intermittent	piercing	pins and needles	
pounding		severe	sore	stinging	vague	discomfort

a) continuous	i) squeezing, tight
b) very painful	j) tender, painful
c) not sharp	k) sharp, penetrating
d) not moving	l) extremely painful
e) burning	m) limited to one area
f) coming and going	n) throbbing, beating, pulsating
g) tingling, pricking sensation	o) widespread, not localised
h) painful, spasmodic muscle contraction	p) short, sharp, severe, lancing, cutting
	q) uncomfortable sensation lacking painfulness

3 Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.

4 Determine whether the following statements are true or false.

- a) The patient feels a localised pain in the chest.
- b) The pain is usually spasmodic and sometimes piercing.
- c) The pain doesn't come in attacks, it's constant once it starts.
- d) When she coughs or takes a deep breath, the pain subsides.

5 After listening to both dialogues, find the equivalent expression in the American dialogue:

- a) I find going upstairs difficult.

6  Below are groups of questions. Select the correct heading for each group. When you have finished listen to the recording and repeat the questions.

Duration	Factors that alter the problem	Location	Onset
Character	Radiation	Related symptoms	

a)
 Can you show me where it hurts?
 Can you point with your finger to the spot where it hurts?
 Where does it hurt?
 Where is your pain?
 Where is it sore?

b)
 Could you describe what the pain feels like?
 Can you describe the pain?
 What's the pain like?
 What kind of pain do you feel?
 What kind of pain is it?
 Is it getting more or less severe?
 How bad is the pain?
 Does it wake you up at night?
 Does it interfere with your everyday life?
 Does it affect your work?
 Is the pain better or worse now?

c)
 How long have you had this pain?
 How long has it been bothering you?
 How long does it last?
 Do you have it all the time or does it seem to come and go?
 Is it constant or intermittent?
 Did it happen suddenly or gradually?
 How often do you get it?

d)
 When does it come, when does it go?
 When did this pain start?
 What were you doing at the time this pain started?
 When was the last time you were without pain?
 When was the first time you noticed that something was wrong?
 Have you had anything like this before?

e)
 Does anything relieve the symptoms or make them worse?
 What do you do when it happens?
 Is there anything that makes it better or worse?
 Is there any position that makes it feel better or worse?
 Have you received any drugs for your pain?
 How long does it take for the medicine to take effect?
 After you take the medicine, how long is it before you feel better?
 What makes the pain go away / disappear?

f)
 Does the pain move to another part of your body?
 In which direction does the pain go?
 Does the pain seem to move anywhere else?
 Has the pain spread?
 Has the pain affected any other part of your body?

g)
 What brings it on?
 What are your symptoms?
 Is it related to eating / coughing / your mood / tiredness / broken skin / body position / movement?
 Do you notice any side-effects?
 Does anything else happen at the same time?

7 You can see some patients' complaints below. Write out the necessary questions to elicit these responses.

D: I believe that you are having some pain at the moment.

P: Right here down in my abdomen.

D:

P: It started just a few days before my period.

D:

P: It hurt really badly for about two or three days.

D:

P: I'd say it was a sharp, cramping feeling, unbearable.

D:

P: Yes, to my lower back, and all the way to my knees.

D:

P: Well, it seemed to get a bit better if I took some tablets, but it was still pretty bad.

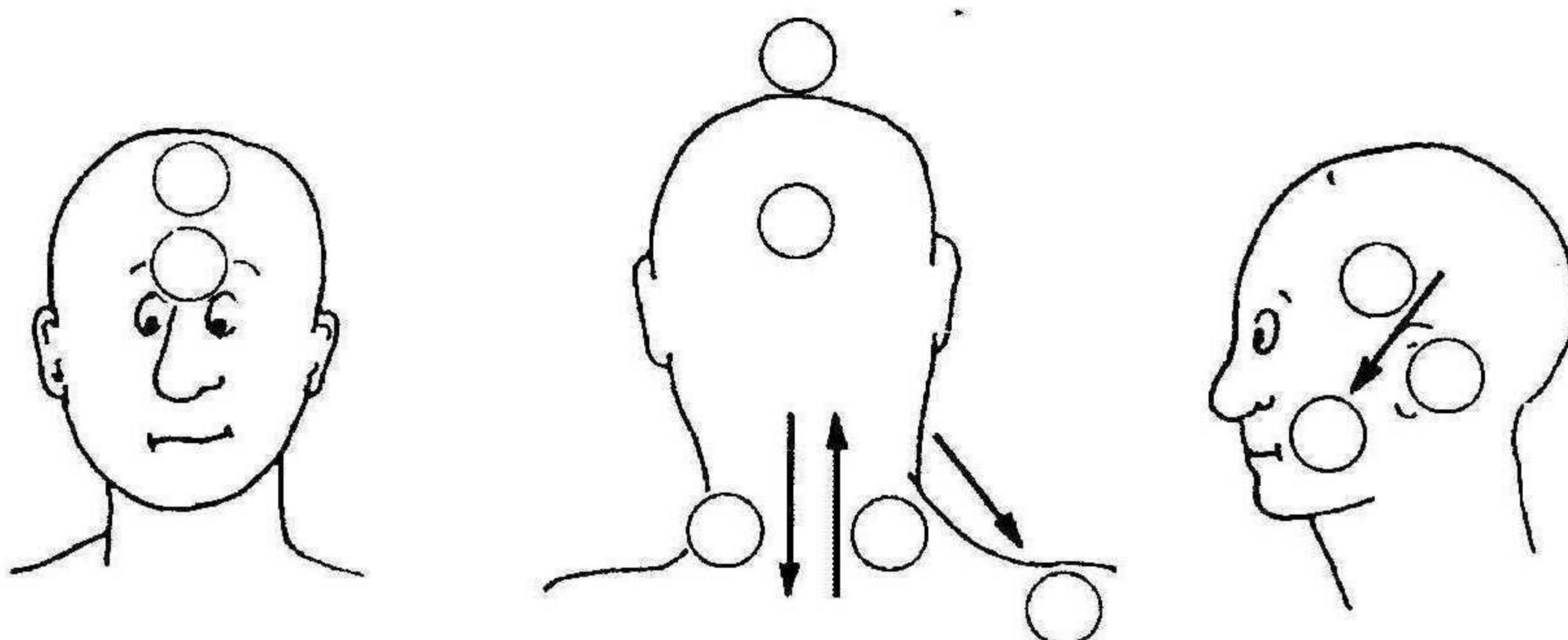
D:

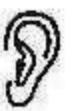
P: Oh, yes, I vomited a lot, I felt weak and bloated.

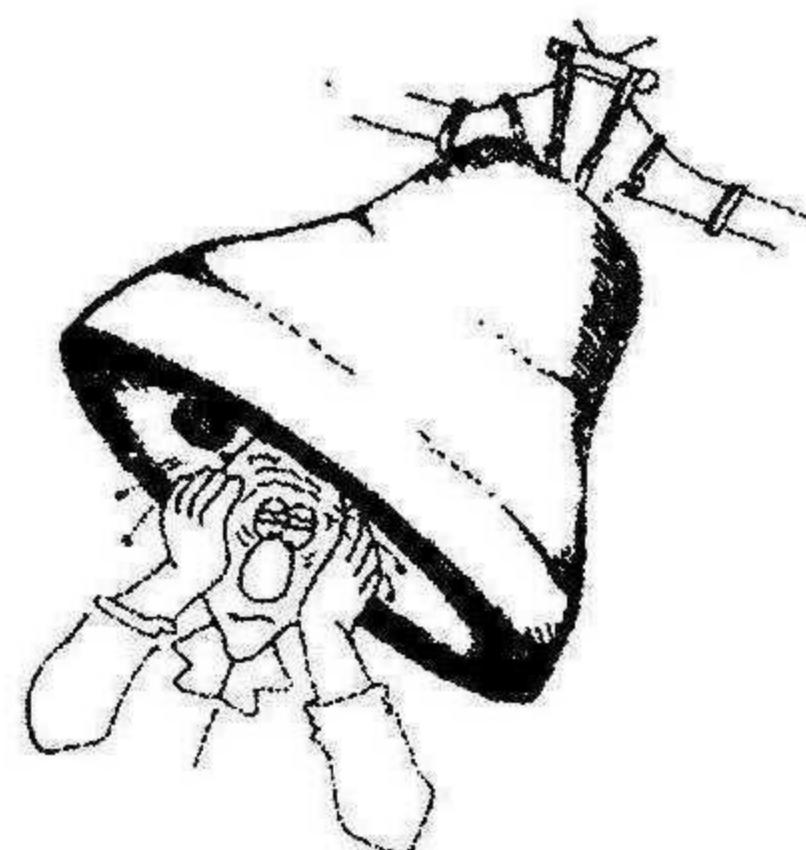
1/6 HEADACHE

See also Headache in Unit 12.

1  You will hear questions concerning location and radiation of pain in the head. Indicate the location and radiation of the pain in each question on the outlines below by writing the question number in the appropriate place.



2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.



3 After listening to the dialogues, try to remember how the patient responded to the doctor's questions about various characteristics of her headache. Write in the missing words in the space provided.

- a) LOCATION: It was on the of my head.
- b) DURATION: It can last between and 4 or 5 hours.
- c) ACCOMPANYING SYMPTOMS: I felt nauseous and saw
- d) RELIEVING FACTORS: I have to go to a dark room and
- e) MEDICATION: Sometimes, if I take some , that seems to help.
- f) FAMILY HISTORY: used to suffer from migraines.
- g) CHARACTER OF PAIN: I have this throbbing, sort of headache.

4 After listening again to both dialogues, find the equivalent expression in the American dialogue.

- a) I feel sick.
- b) I actually vomit.
- c) Have you found any tablets?
- d) I suppose.
- e) I'm not able to carry on with what I'm doing.

5 Read the following groups of expressions relevant to headaches. From each group, choose the one phrase which does not mean the same as the other two.

- a) A When did the headache start?
B Is this something new or have you had it in the past?
C Is there any particular time of the day when you have the headache?
- b) A Can you point out the painful area?
B Is the pain spreading from one to both sides of your head?
C Whereabouts in your head is the pain?
- c) A Is there anything in particular that brings the pain on?
B Are there any periods of time when you don't feel any pain?
C Is there anything that seems to trigger the headache?
- d) A What do you do to get rid of the headache?
B Do you take any medicine to treat the headache?
C Have you ever blacked out?

6  Below are some key pieces of information you need to find out from a patient regarding a headache. Write in the appropriate questions. Then listen to our version on the recording.

- a) location
b) duration
c) character of pain
d) accompanying symptoms
e) relieving factors
f) medication
g) family history

1/7 VERTIGO

1   Below are several doctor's questions about vertigo. Next to each are three patients' responses to these questions. Read the questions. You will hear a version of one of the patients' statements. Circle the response you think you have heard.

Practise the doctor's questions.

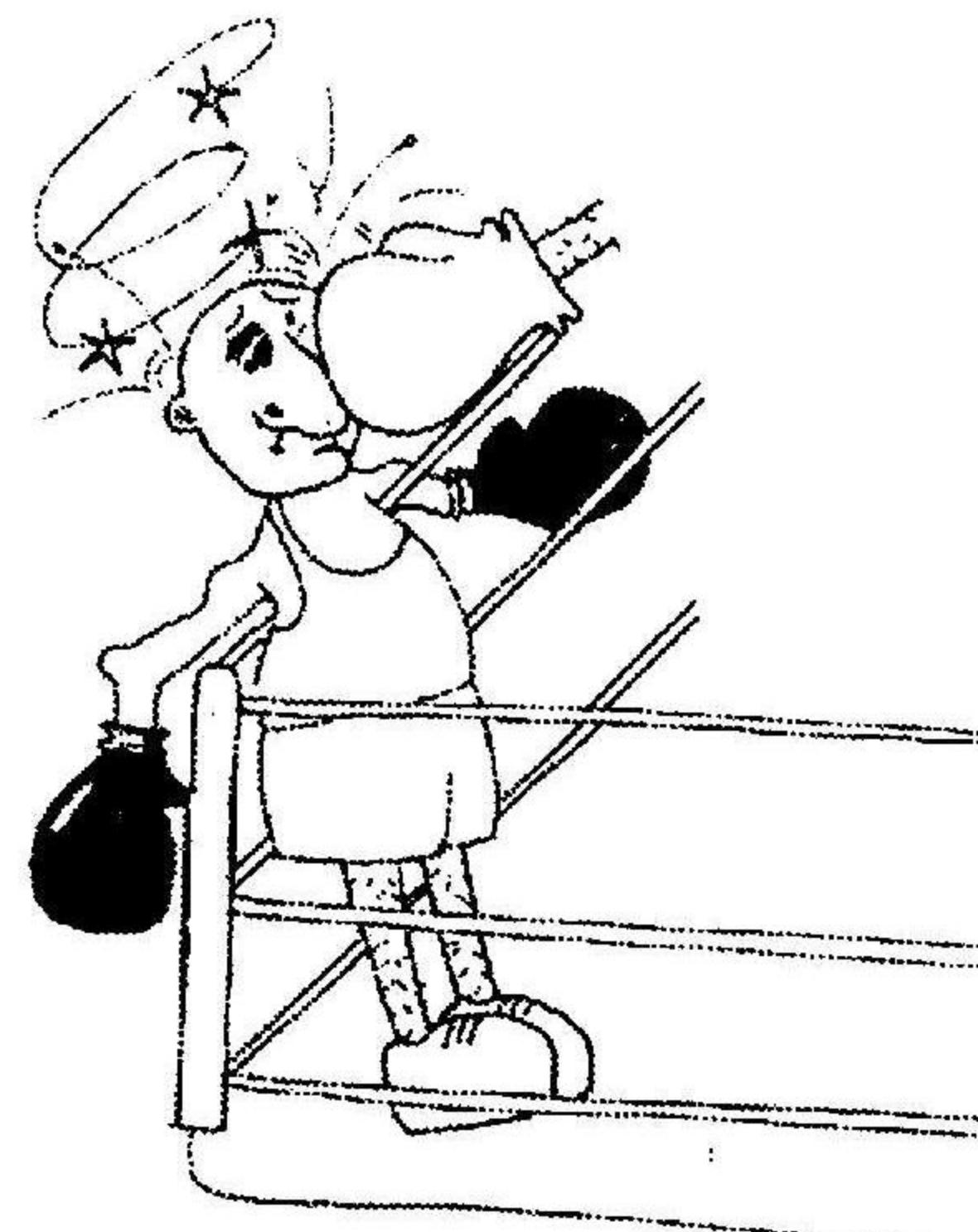
a) How would you describe your dizziness?
 A spinning, as if the room were going around *um*
 B leaning, as if somebody were pulling me sideways
 C just a feeling of unsteadiness

c) How long does an episode of dizziness last?
 A from several days to weeks
 B from hours to days
 C only for a few seconds

b) What does a dizzy spell consist of for you?
 A "dizziness in the feet", staggering *dizzy*
 B just a type of light-headedness *neddely*
 C as if everything were spinning around with me

d) In what body position do you feel dizzy?
 A when I roll over in bed
 B when I turn my head too quickly to look up
 C when I stand up suddenly

2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.



3 Indicate which of the following statements according to the dialogue are true.

a) A He experiences dizziness on changing his body position.
 B He feels dizzy in a reclining position.

c) A His dizziness is accompanied by tinnitus.
 B His dizziness is accompanied by visual disturbance.

b) A His dizziness feels like a sensation of lateral pulsion.
 B His dizziness feels like a rotating sensation.

d) A The patient had been referred by an ENT specialist.
 B The patient had been referred by an optician.

4 After listening to both dialogues, find the equivalent expression in the American dialogue.

a) Do you ever suffer from dizziness?
 b) Have you seen a consultant about this?

5 Complete the following questions to help a patient describe the symptoms of vertigo.

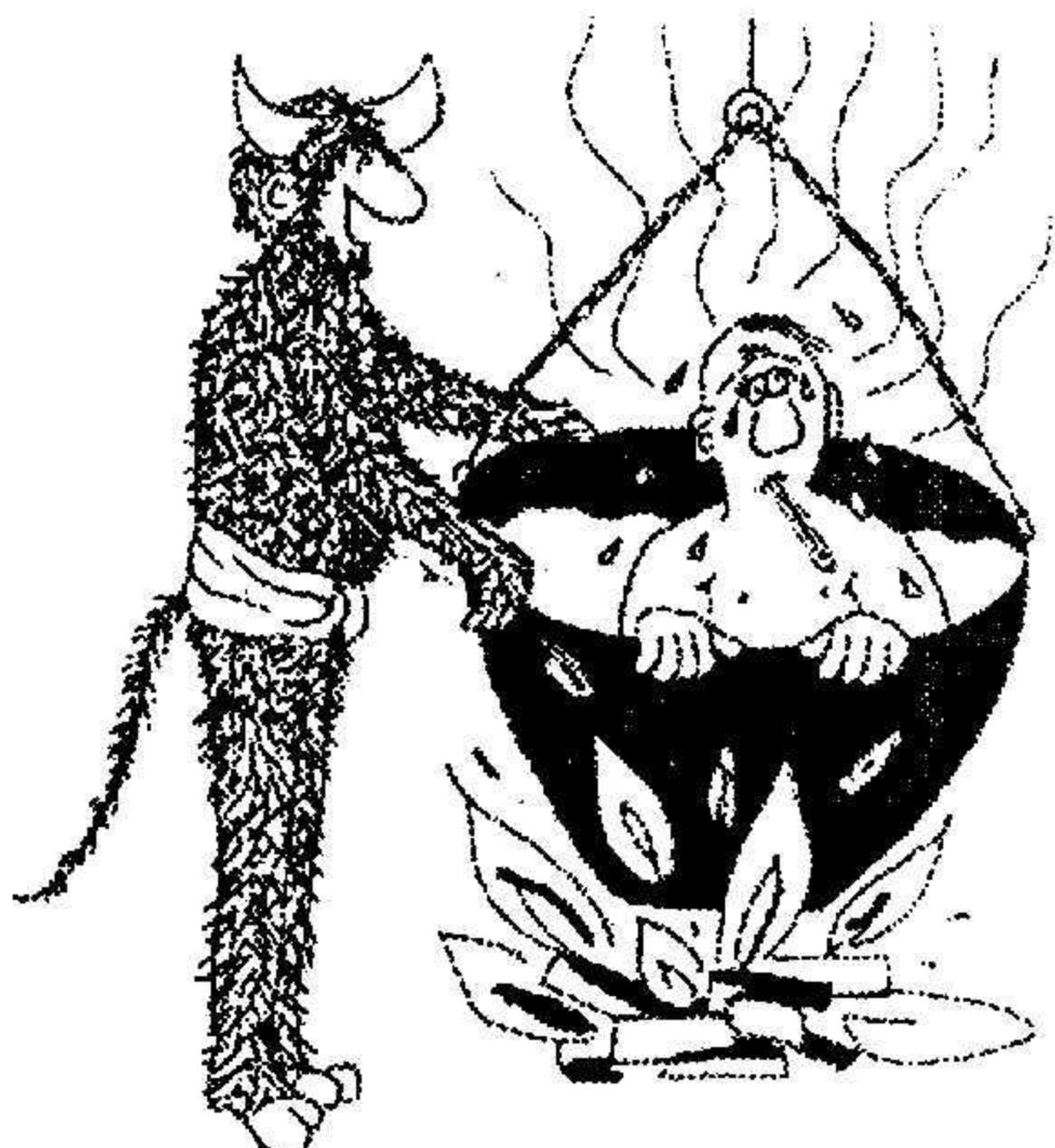
a) Does your dizziness last a long time or is it ?
 b) Does your dizziness subside when you are in a resting position or ?
 c) When you are dizzy, do you experience a sensation of falling in one direction or is it more like ?
 d) Is your attack of dizziness usually so severe that you are confined to bed or ?
 e) Do your dizzy spells happen very suddenly or ?

6 The following sets of questions are about dizziness. Choose the ones that are appropriate for communicating with a patient. Be careful not to use too much medical jargon.

a) A Do you frequently suffer from vertigo?
 B Do you often experience dizzy spells?
 b) A Do you ever feel that the room is spinning around or that you are falling to one side?
 B Do you ever have the sensation of lateral pulsion or rotation?
 c) A Do you feel uncoordinated when you stand?
 B Do you just feel wobbly on your feet?
 d) A When you are dizzy, do you notice any ringing in your ears?
 B Is your dizziness accompanied by tinnitus?

1/8 BODY TEMPERATURE AND SWEAT**1**  **Most of the expressions below relate to fever, body temperature and perspiration. Tick the expressions which you do not think belong to this group.**

a) wheezing	b) shivering	c) high fever
d) under the tongue	e) bloating	f) swinging temperature
g) heart murmur	h) soaking wet	i) excessive perspiration
j) extremely high	k) putting on weight	

2  **Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.**

3 After listening to the dialogue in this unit, decide whether the following statements are true or false.

- a) The patient took her temperature orally.
- b) The doctor wants to know if the patient has visited a foreign country recently.
- c) The patient's whole body trembles because of fever.
- d) She has always perspired a lot.
- e) Apart from feeling feverish, she feels well.
- f) She starts to sweat very suddenly.

4 After listening to both dialogues, find the equivalent expression in the American dialogue.

- a) Have you got a temperature?
- b) Is your temperature high all the time?
- c) I took my temperature under my tongue.
- d) Do you also have shivers?
- e) Have you been abroad?

5 Complete the following sentences or questions by inserting the appropriate words or phrases from the box.

in the armpit	trembling	perspire	has gone down	feverish
rattle	orally	extremely high fever	swings	

- a) Do you have a temperature?
Are you feeling.....?
- b) Does your temperature go up and down suddenly?
Are there anyin temperature?
- c) Did you take your temperature under your tongue?
Did you take your temperature
- d) Was it an axillary temperature?
Did you take your temperature
- e) I'm afraid your son's temperature is 104 °F.
I'm sorry, but your son has an.....
- f) I'm glad to say that your fever has fallen.
You will be pleased to know that your temperature
- g) My entire body was shaking.
My whole body was
- h) When you have a fever, do your teeth chatter?
When you have a high temperature, do your teeth
- i) Do you sweat a lot?
Do youa lot?

6 Complete the dialogue between the patient and the doctor by writing in the doctor's questions.

D: *What's the problem?*

P: I've been feeling very warm.

D:

P: Yes, I took it last night before going to bed.

D:

P: It was 102 °F.

D:

P: Under my tongue.

D:

P: Yes, it usually goes up at night.

D:

P: Yes, I'm always soaking wet.

D:

1/9 NAUSEA AND VOMITING**1**  **Most of the expressions below are relevant to the topic of nausea and vomiting. However, there are three which are not. Tick these three.**

- a) difficult to keep anything down
- b) spurt out in a stream
- c) spread to the shoulders
- d) looks like ground coffee
- e) my mother had migraines
- f) few spots of red blood

- g) bring up
- h) feel sick
- i) throw up
- j) belch
- k) projectile
- l) burp

- m) varicose veins
- n) undigested food
- o) feeling queasy
- p) little clots of blood
- q) feel nauseous
- r) keep retching

2  **Listen to the dialogues. You will hear five of the expressions from the previous exercise. Circle them. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.**

3 After listening to the dialogue, read the following statements. Based on the dialogue, choose the correct statement from each pair below.

- a) A He feels only nauseous.
B He vomited as well.
- b) A It started two weeks ago.
B It started two months ago.
- c) A It's worse after eating.
B It's not related to meals.
- d) A He brings up something more like bile.
B He brings up undigested food.
- e) A It seems to be red.
B It seems to be a yellowish green colour.
- f) A It never looks like coffee grounds.
B Sometimes it looks like ground coffee.
- g) A He rarely belches.
B He belches a lot.

4 After listening to both dialogues, find the equivalent expression in the American dialogue.

- a) Do you just feel sick?
- b) I vomit.
- c) Do you have a bad taste in your mouth?
- d) I suffer from a lot of wind.

5 Match the following groups of phrases with the appropriate sentences on the left.

- a) Is your vomiting ... ?
- b) Do you vomit ... ?
- c) Is your nausea caused by ... ?
- d) What you bring up, does it have ... ?
- e) Does the vomit contain ... ?
- f) Is it difficult to ... ?

A	mucus undigested food blood
B	a strange odour any particular smell any odour
C	every day early in the morning during the night
D	related to meals spontaneous self-induced
E	certain places stress, fear or depression car or motion sickness
F	keep food down bring anything up keep liquid down

6 Below are some responses from a patient who suffers from nausea and vomiting. Formulate appropriate questions which could elicit these answers.

D:

P: I keep retching and I have actually vomited.

D:

P: It happens very often.

D:

P: When I eat, it gets better.

D:

P: I bring up food mostly.

D:

P: It's never black like that.

D:

P: I burp an awful lot.

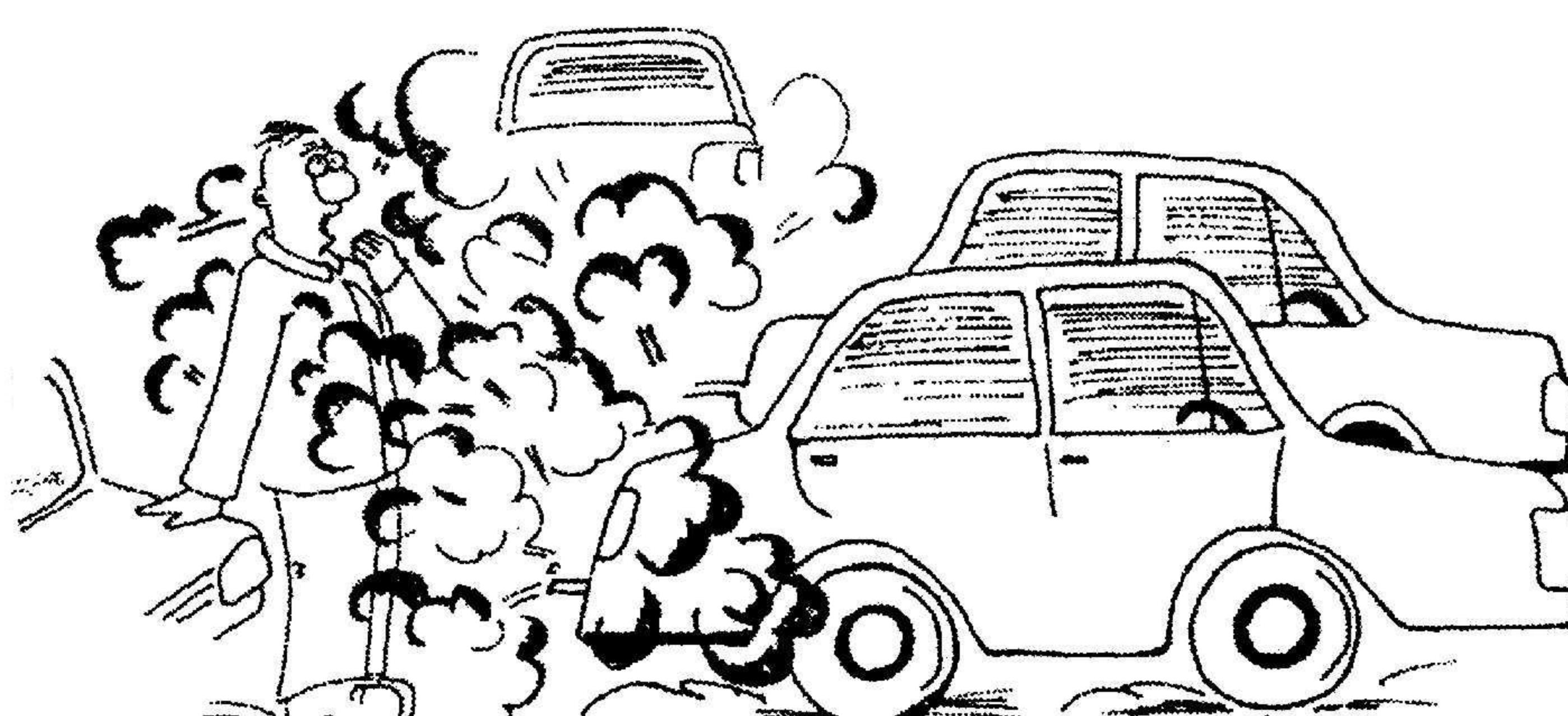
1/10 DYSPN(O)EA

1   Below are several sentences which are related to shortness of breath. Choose the appropriate words or expressions from the box and then write them in the correct sentences. When you have finished, listen and repeat the questions.

flat	tests	stop	relieved	difficulty	short of breath	breathing in
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- a) Do you have any breathing?
- b) What's harder or breathing out?
- c) Are you when you are resting?
- d) Can you lie in bed?
- e) Is it by sitting up in bed?
- f) Do you have to frequently when you climb the stairs?
- g) Have you ever had any breathing?

2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.



3 Choose the right answer from the groups of statements below. Base your choices on the dialogue you have heard in the previous activity.

a) He has been short of breath ...
A for several days
B for several weeks
C since last month

b) He has more difficulty breathing ...
A during expiration
B during inspiration
C during both inspiration and expiration

c) The dyspnoea occurs ...
A on exertion
B at rest
C both at rest and on exertion

d) At night he can only sleep ...
A in a horizontal position
B in an upright position
C on his side

e) At night, when he wakes up, he has to ...
A sit up
B stand up
C lie in a lateral position

4 Match the following phrases with the ones that are similar in meaning. The expressions in the two groups are in medical /formal A and patient / informal B jargon.

A

a) Is the dyspnoea aggravated by dust or smoke?
b) Do you need to rest in a reclined position or are you able to remain horizontal?
c) Is there a history of pulmonary disease in your family?
d) Do you often experience dyspnoea?
e) Are your symptoms relieved by bronchodilators?
f) Does cessation of exercise relieve the dyspnoea?

B

A Do you feel short of breath?
B Do you feel better if you take something to open your lungs/relieve the congestion?
C Do you feel better when you stop moving around?
D Do your symptoms get worse with dust or cigarettes?
E Do you have to use any pillows or can you lie flat in bed?
F Does anybody in your family have any respiratory problems?

5  Formulate questions based on the patient's answers in the following dialogue. When you have completed the exercise listen and repeat the questions.

D:

P: I've had difficulty breathing for about two weeks.

D:

P: I wheeze in the early hours.

D:

P: Breathing out is harder.

D:

P: I'm short of breath when I'm working.

D:

P: Yes, I can sleep on my back.

D:

P: Yes. I wake up several times because I'm short of breath.

D:

P: I usually get up and walk around when it happens.

1/11 COUGH

1  Before listening to the recording, match each expression with the appropriate definition or description.

to bark	to be hoarse	to whoop	a coughing fit	to wheeze
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- a) to make the characteristic sound accompanying the deep intake of air following a series of coughs in pertussis
- b) to breathe with difficulty and with a whistling sound
- c) a sudden, acute attack of coughing
- d) to speak with a harsh, raspy low sound
- e) to utter an abrupt, explosive cry that sometimes sounds like a dog



2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.

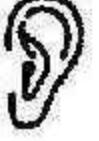
3 Read the patient's retelling of his symptoms. Some of the information is different from the dialogue. Tick the underlined expressions if you think they are incorrect.

I had a cough (a...) but I didn't notice (b...) a wheeze. I had had it only for a short time (c...) when I went to see the doctor. It was a productive (d...) cough and I noticed some blood streaks (e...) in it several times (f...). It had an offensive (g...) odour. I had been taking some drugs (h...) to thin my blood.

4 Match the phrases below with the expressions you have heard in the dialogue.

- a) Do you cough?
- b) Is it a productive cough?
- c) Did it develop within the last two weeks?
- d) Is your cough unproductive?
- e) What's the character of the phlegm?
- f) Does it smell bad?
- g) Do you ever cough up blood?

- A Can you describe the sputum for me?
- B Has there ever been any blood in it?
- C Do you have a cough?
- D Does it have a strange smell?
- E Is it a recent symptom?
- F Is it a dry cough?
- G Do you bring up phlegm?

5  **You will hear patients' complaints about a cough. Write out the necessary questions that could elicit these responses.**

Question 1
 Question 2
 Question 3
 Question 4
 Question 5
 Question 6

1/12 HEART

1  **From the groups of phrases below, indicate the phrase which is not relevant to a patient with heart problems.**

a) Patient's complaints
 A shortness of breath
 B blurred vision
 C tightness in the chest

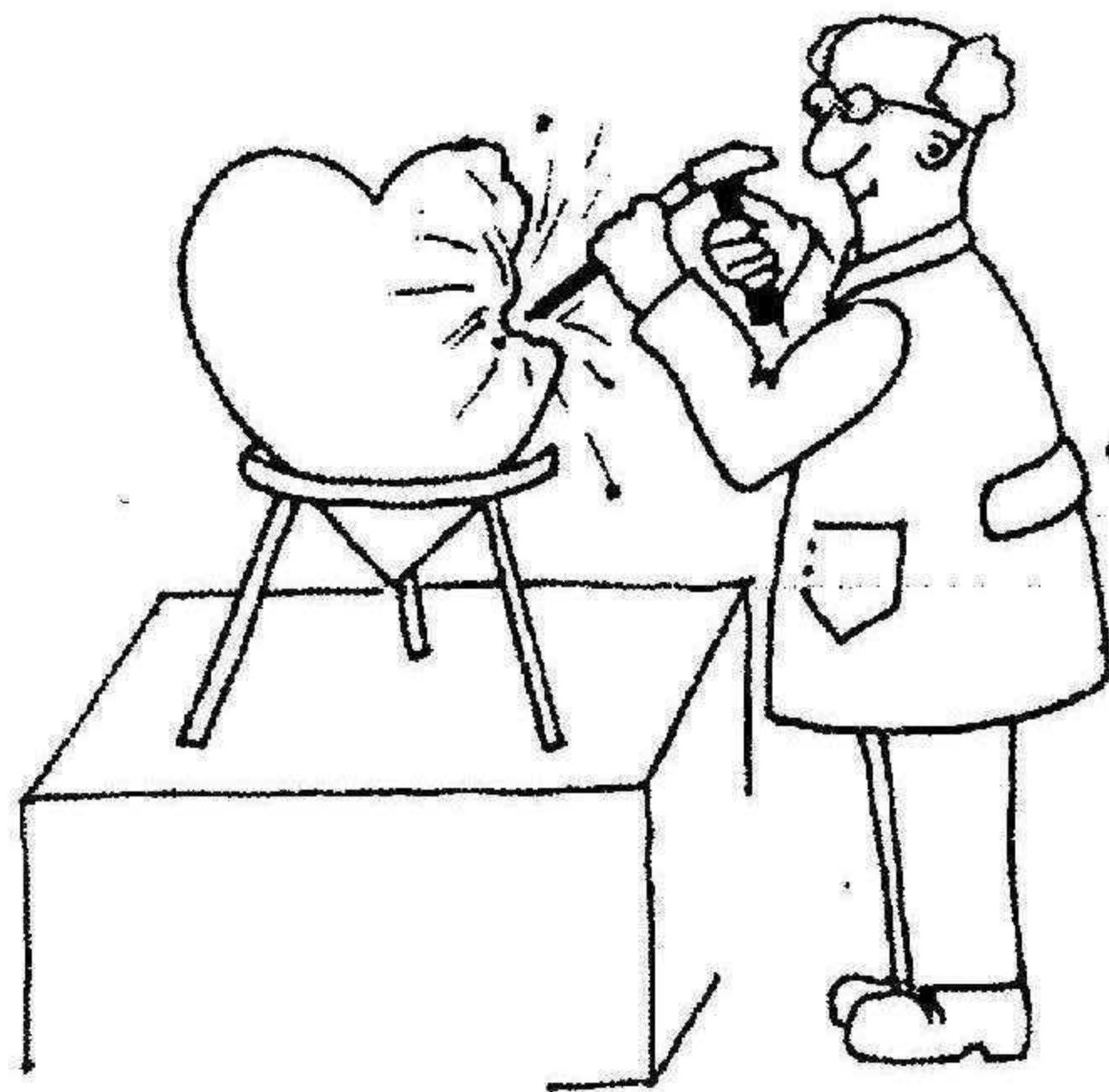
b) What aggravates a heart patient's complaints?
 A going up the stairs
 B climbing up a mountain
 C swimming in a pool

c) Where does the pain radiate?
 A to the neck
 B to the shoulder
 C to the groin

d) Where will the patient notice some swelling?
 A wrist
 B ankles
 C feet

e) How does the heart beat?
 A rapidly
 B it skips a beat
 C musically

2  **Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.**



3 **There are six pairs of statements below. Tick the correct statements.**

a) A The patient is referred by his family doctor.
 B The patient himself decided to consult a specialist.

- b) A The condition has been getting worse over the last few weeks.
B The condition has changed over the last four weeks.
- c) A The pain radiates to his shoulders.
B The pain radiates to his left arm.
- d) A His heart always beats rapidly.
B He has palpitations.
- e) A His heart beats either slowly or rapidly.
B His heart skips a beat several times per minute.
- f) A Only one of his feet is swollen by the evening.
B The swelling of his feet disappears by the morning.

4 From the box choose the opposite of the expressions underlined in the sentences.

.	aggravated	spread/travel/move	slowly	improved	sit
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- a) Does your job require you to stand?
- b) Does your heart beat rapidly?
- c) Are your heart palpitations relieved by holding your breath?
- d) Does the swelling seem worse at the end of the day?
- e) Does the pain seem to be localised?

5  Formulate questions based on the patient's answers in the following dialogue. When you have finished, listen to the recording and repeat the questions.

D: *Have you ever had any heart problems?*

P: I've never been diagnosed with anything but I think something could be wrong with my heart.

D:

P: It beats irregularly especially when I smoke.

D:

P: I get pressure in my chest sometimes when I have to walk a long distance.

D:

P: Absolutely. I'm always short of breath when I go upstairs.

D:

P: Yes, I break out in a really bad sweat when my chest hurts.

D:

P: Down my left arm.

D:

P: Yes, my ankles seem to be swollen all the time.

D:

P: Yes, the pain is fairly constant, but it helps when I put my feet up.

1/13 BODY WEIGHT AND DIET

1 There are six sentences below. One word, relating to eating habits, food and nutrition, is missing from each of them. From the list in the box, choose the word that best completes each sentence. When you have finished, listen and repeat the questions.

followed	special	steady	lose	appetite	cholesterol
----------	---------	--------	------	----------	-------------

- a) What's your like?
- b) Are you on a diet?
- c) Have you ever a diet?
- d) Have you tried to weight?
- e) Have you had your checked?
- f) Is your weight ?

2 Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.



3 There are five sets of phrases below. Tick the one expression in each set which is true, based on the dialogue in this unit.

- a) His appetite has ...
 - A changed
 - B decreased
 - C increased
- b) He has ... weight.
 - A lost
 - B put on
 - C stayed at the same
- c) His weight change occurred ...
 - A during the last six months
 - B during the last six weeks
 - C very suddenly
- d) When he is anxious ...
 - A he eats a lot of fruit and vegetables
 - B he can't finish his meals
 - C he can't eat anything
- e) He is allergic to ...
 - A nuts
 - B pasta dishes
 - C dairy products

4 After listening to both dialogues, find the equivalent expression in the American dialogue.

- a) What's your appetite like?
- b) How do you feel about your eating habits?
- c) Over how long a time?
- d) I've been putting on weight.

5 Complete the sentences using the correct word from the box.

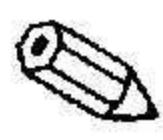
dairy products	my food	cut out/down on	special	putting on
----------------	---------	-----------------	---------	------------

- a) Have you ever been on a diet?
- b) I've been weight.
- c) I've been off lately.
- d) You should cut down on
- e) You should sugar.

6  You will hear various complaints from a patient. Write out the doctor's questions which would elicit such responses.

D1:
D2:
D3:
D4:
D5:

1/14 BOWEL MOVEMENTS

1  Below there are several questions and answers which relate to a patient's bowel movements. Match the questions with the appropriate answers.

a) Do you feel that you want to move your bowels but you can't?	A Yes, I just sit down and try, but nothing happens.
b) Can you tell me what your stool looks like?	B It looks like little round balls.
c) What colour is it?	C No, very hard.
d) What about the consistency? Is it soft?	D It is usually brown.
e) Have you noticed that you get more constipated at certain times of the month, or season, or after certain foods?	E Actually, I get more regular at the time of my menstrual period and during the times between my periods I feel more constipated.

2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation and vocabulary.



3 From the information in the dialogue, correct the sentences below.

- a) The patient has regular bowel movements.
- b) He has no problems going to the toilet.
- c) It is difficult to flush the stool away.
- d) He has noticed some mucus in his stool.
- e) He has noticed some blood on the surface of the stool.
- f) Only enemas help him.

4 After listening to both dialogues, find the equivalent expression in the American dialogue.

- a) Do you have to go to the toilet more frequently?
- b) Do you give yourself an enema?
- c) Do you feel bloated?
- d) Do you have any problems with excessive wind or belching?

5  Match the sentences which have similar meaning. When you have completed the exercise, listen and repeat the questions.

- a) Is it actually painful to have a bowel movement?
- b) Have you ever tried taking any laxatives that you can get at a chemist's?
- c) Does your stomach ever feel distended?
- d) Do you have wind moving around in your bowels?
- e) Do you pass wind?
- f) Do you have a tendency towards flatulence?

- A Do you take anything for your bowels?
- B Do you ever suffer from excessive wind?
- C Do you break wind?
- D Does it hurt when you open your bowels?
- E Do you ever feel bloated when you are constipated?
- F Do you feel gassy? (Am)

6 Below are six sets of responses a patient may make. Write out the appropriate doctor's questions which can elicit such answers.

- A Do you have any rectal problems?
- B Is it foul smelling?
- C How often do you go to the toilet?
- D Has the quality of your stool changed at all lately?
- E Are you having any trouble with it or is it normal?
- F Do you have piles/haemorrhoids?

a) Twice a day.
Once a week.
Daily.

b) It's normal.
I'm usually constipated.
I have diarrhoea.

c) Yes, it has a foul smell.
It's terrible.
No, it smells normal.

d) Yes, I have trouble sitting for long periods.
No, I don't.
Yes, but they were operated on last year.

e) It itches.
It bleeds.
It's painful.

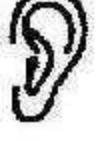
f) It's thinner than usual.
It's black and tarry.
It's white and floats.

1/15 BLOOD

1  Match the words to their explanations.

abnormal bleeding	blood transfusion	bruises	clot	a tendency to bleed	units
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- a)small bluish-black spots on the body
- b)specific amounts of blood
- c)he is likely to bleed
- d)not like the average or usual amount of blood, or disordered clotting
- e)receiving blood from a donor
- f)blood which has congealed

2  Listen to the dialogues. Dialogue A is in British English, dialogue B is in American English. Pay close attention to the differences in pronunciation.



3 From the five sets of statements below, choose the ones that match the patient's responses in the dialogue.

- a) A He does not have any idea what his blood type might be.
B His blood type might be AB.
C He is sure that his blood type is AB.
- b) A He has never bruised easily.
B His gums bleed before he brushes his teeth.
C He has had bleeding problems recently.
- c) A It takes only 10-15 seconds to stop the bleeding.
B He needs some medication to stop the bleeding.
C It takes about a quarter of an hour to stop the bleeding.
- d) A He doesn't think that anybody in his family had bleeding problems.
B His bleeding symptoms started like his uncle's did.
C He inherited this haemophilia from his grandmother.
- e) A He did not need a transfusion as a teenager.
B He needed 15 units of blood after the car accident.
C He is not a blood donor but he was given blood.

4 Form the doctor's questions based on the patient's answers.

P: I'm having a lot of trouble with bleeding.

D:

P: Yes, even from the smallest shaving cut or scratch.

D:

P: About fifteen minutes.

D:

P: In my childhood.

D:

P: Yes, after an operation five years ago.

D:

P: Three units I think.

1/16 MEDICAL EXAMINATION

1  Match the verbs with the various objects or parts of the body with which they are usually associated.

- a) take off
- b) strip to
- c) lie on
- d) give me
- e) straighten
- f) stick out
- g) hold
- h) take
- i) put

- A a deep breath
- B your wrist
- C your arm
- D your clothes
- E your arms by your sides
- F the couch/table
- G your breath
- H the waist
- I your tongue

2 Match the instructions in column A with the phrases which should follow them in column B.

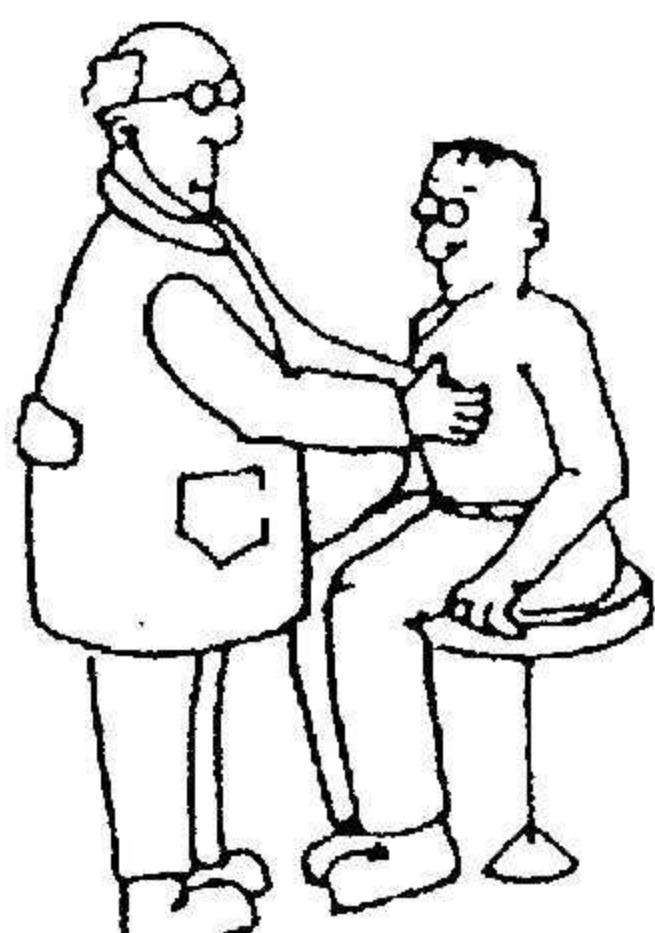
A

- a) I'd like to examine you.
- b) Give me your wrist.
- c) Let's take your blood pressure.
- d) Let's have a look at your eyes.
- e) Turn your head.
- f) Open your mouth.
- g) I want to listen to your heart.

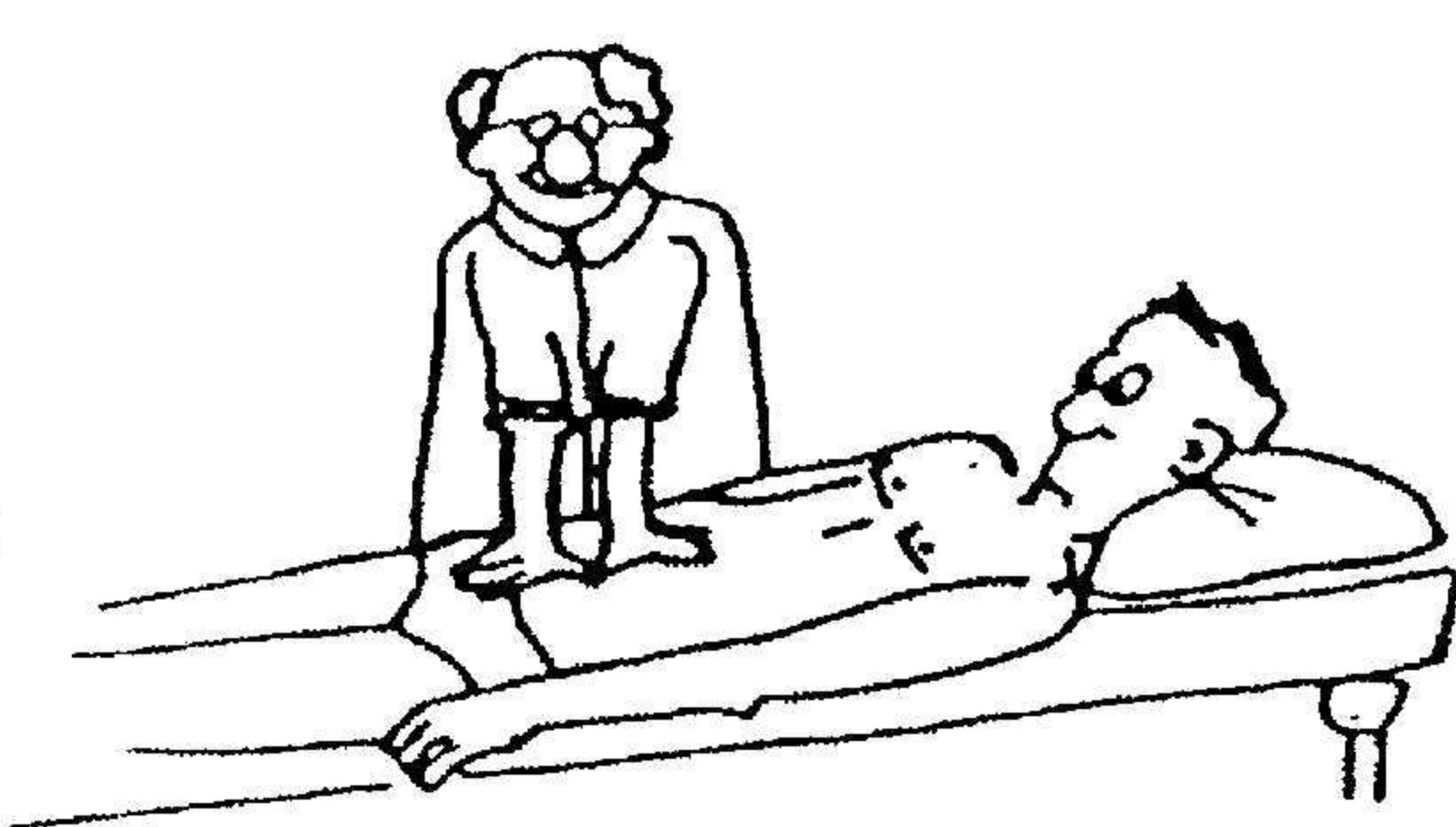
B

- A Stick your tongue out for me.
- B Look up for me, please.
- C Would you take off your clothes.
- D Breathe out quietly.
- E I'm going to take your pulse.
- F I want to check the pulse in your neck
- G Will you straighten your arm for me, please.

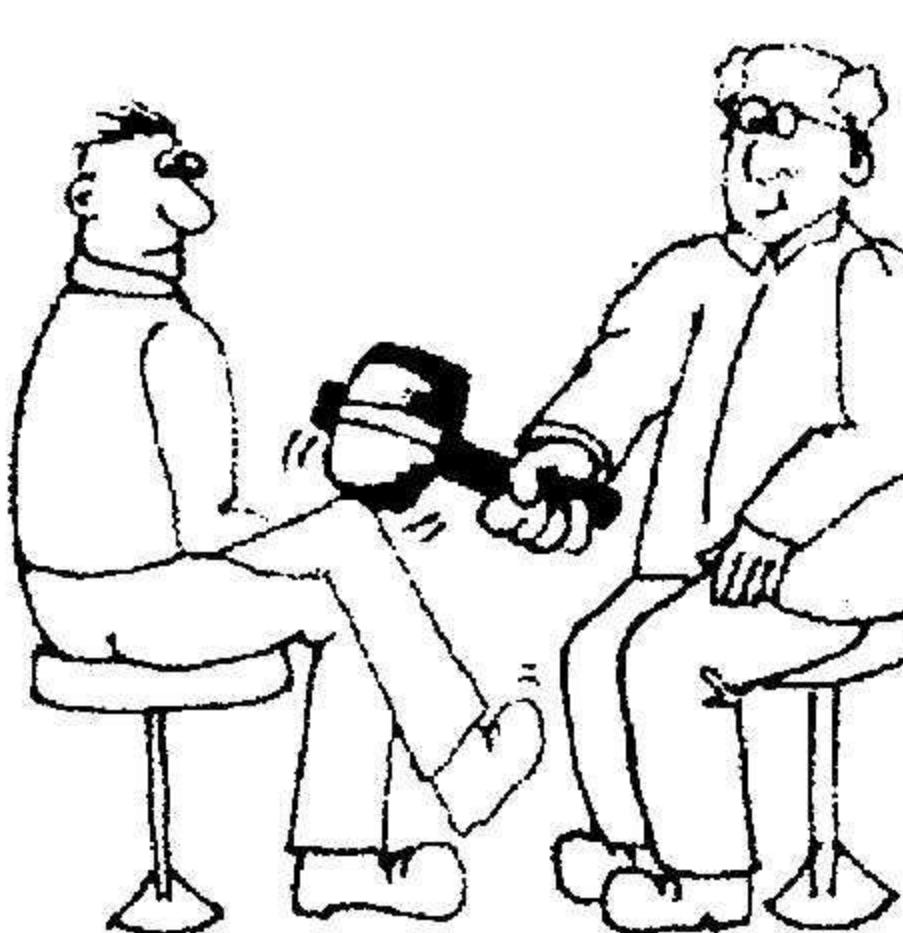
3  Listen to the instructions given by two doctors (A: British, B: American) when examining a patient and number the pictures.



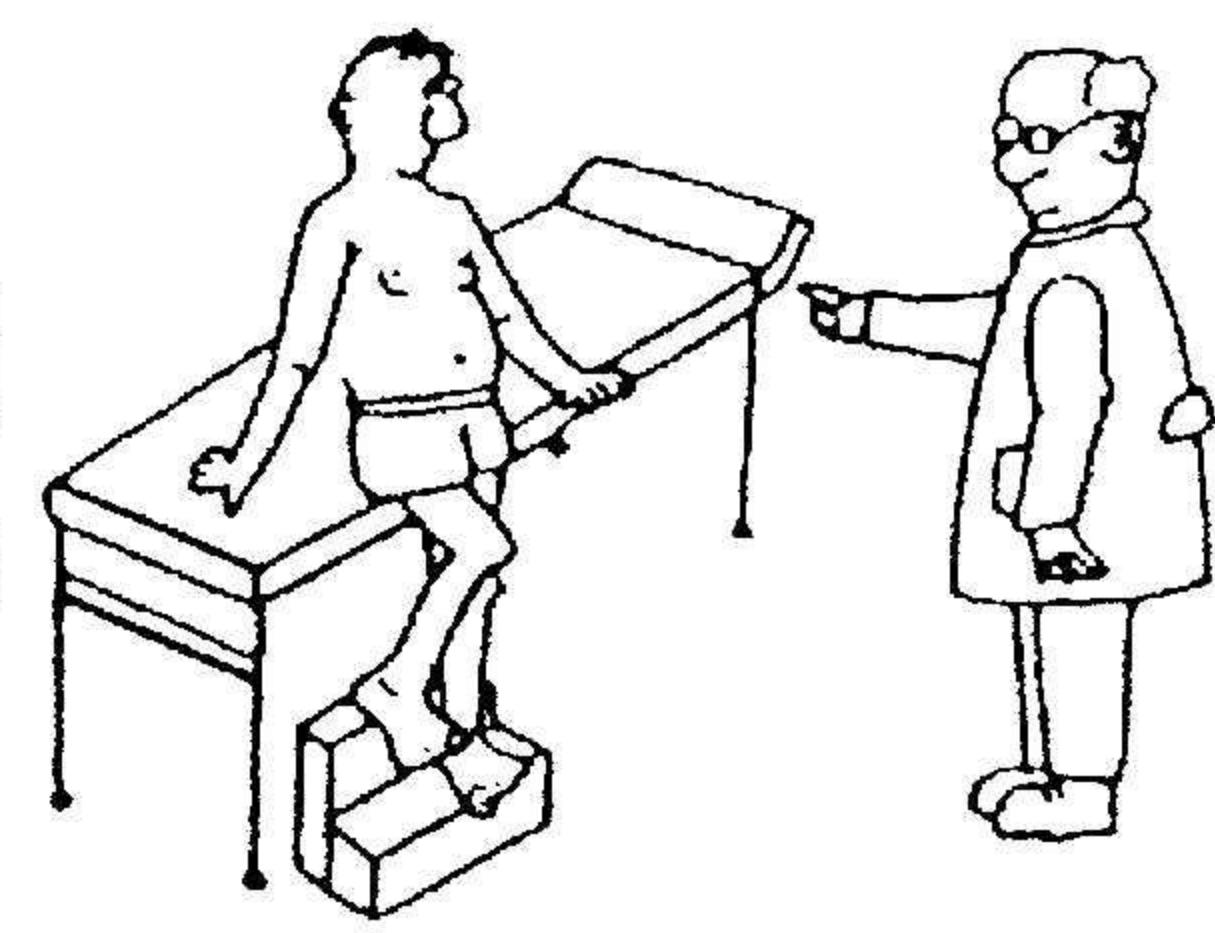
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b



c



d



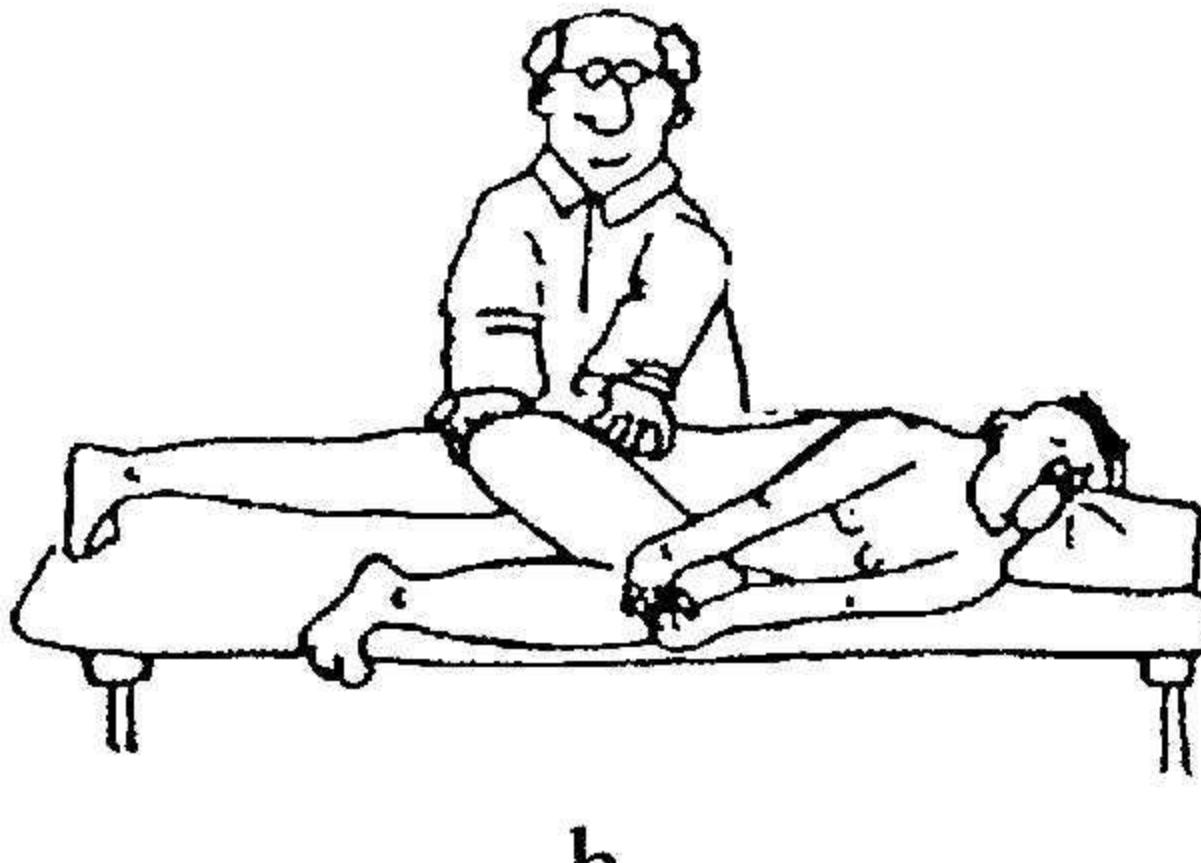
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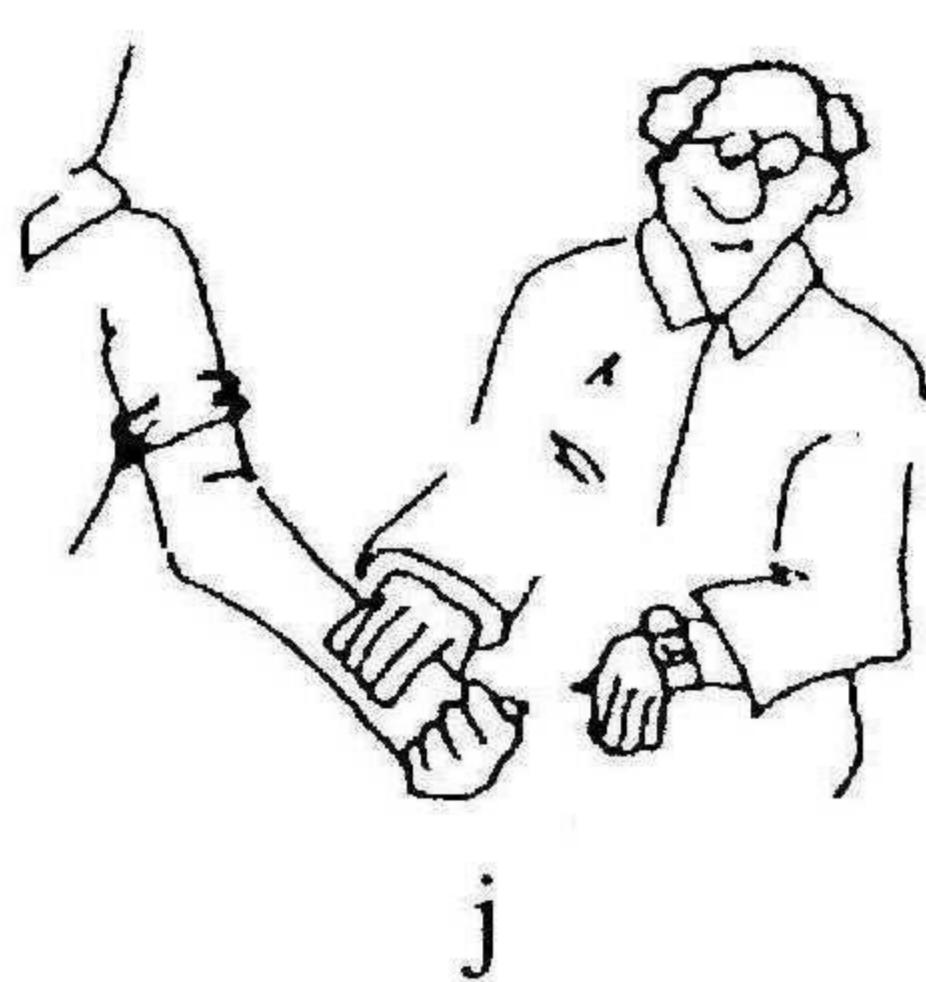
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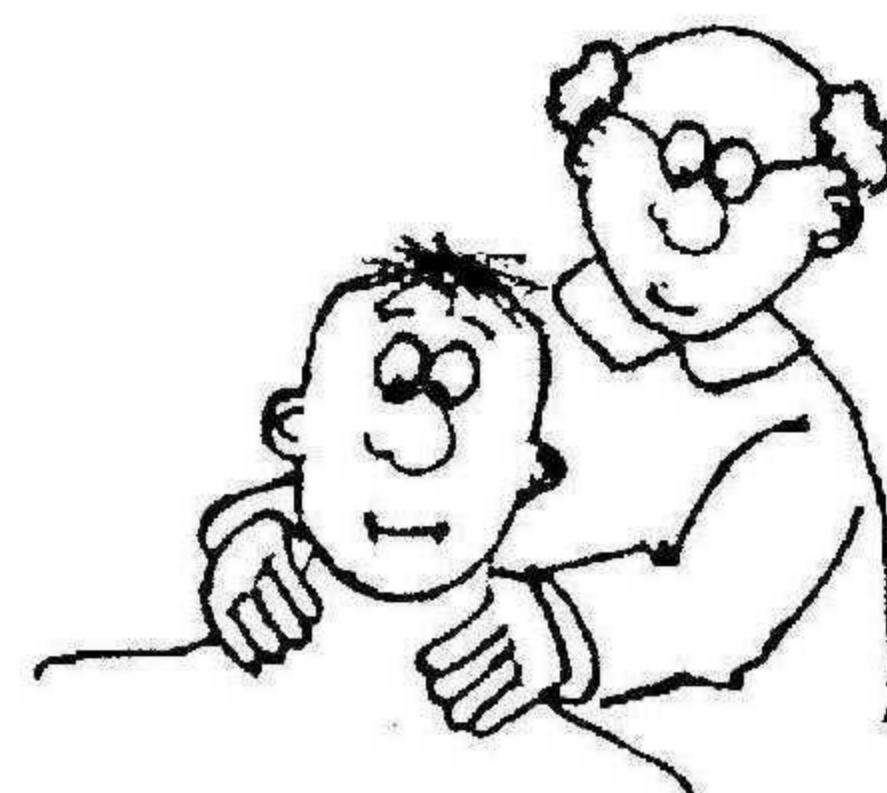
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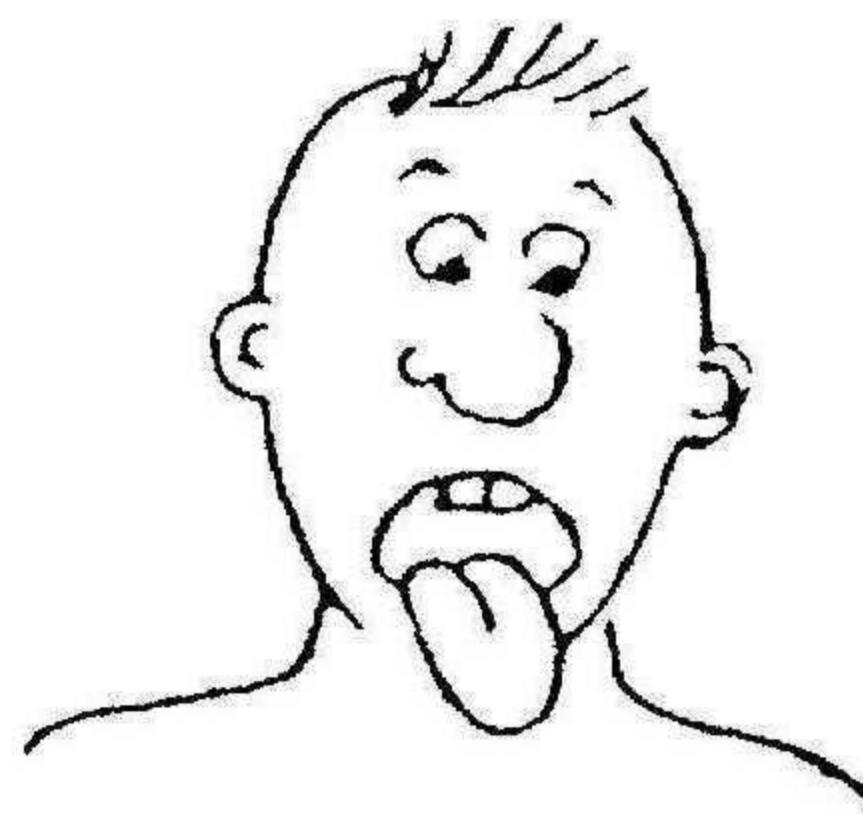
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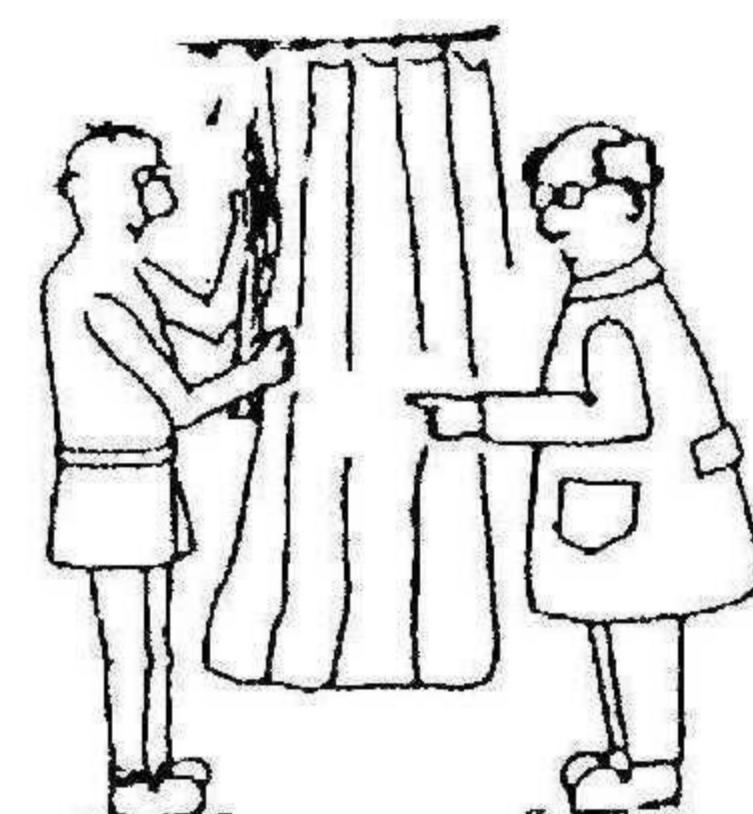
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k



l



m

4 Look at the pictures again and practise giving instructions to your patient using polite forms with the following phrases:

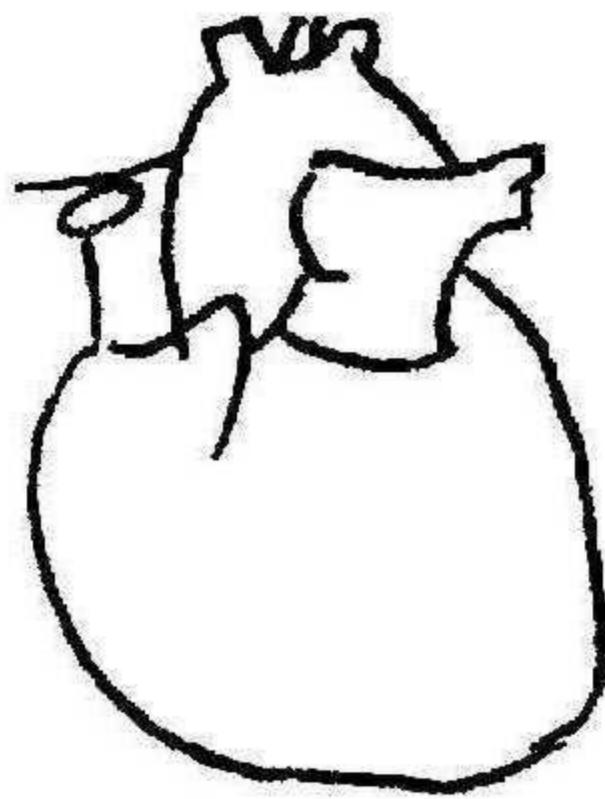
Would you mind ...ing
Can you just ...
Let me ...
Will you ...

Would you like to
If you can / just ...
I want you to ...

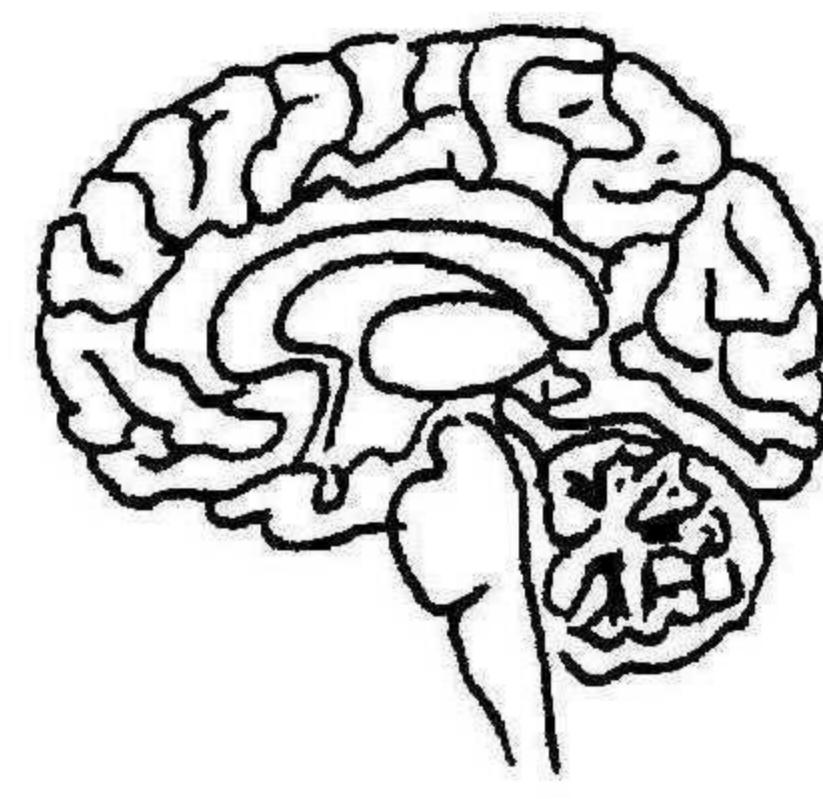
Could you just ...
Please ...
I'd like you to ...
Would you ...

1/17 ISOTOPE SCANNING

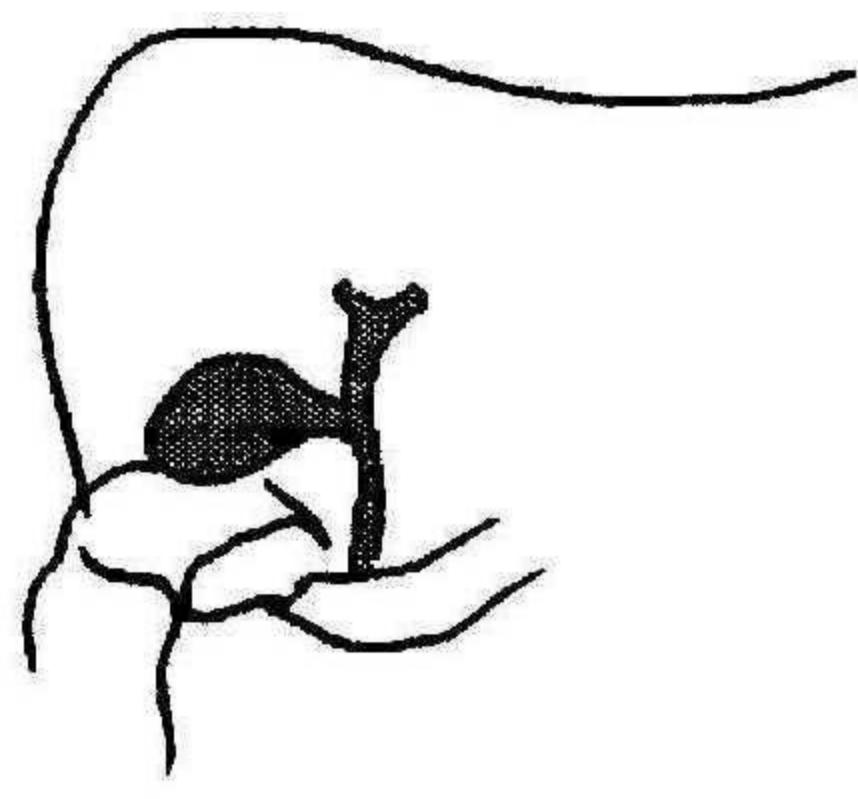
1 Listen to the instructions given by two specialists (A: British, B: American) before the isotope scanning of the kidneys, lungs, skeleton, gallbladder, stress and rest examination of the heart muscles, lymph nodes and brain. Number the pictures in the order in which you hear them.



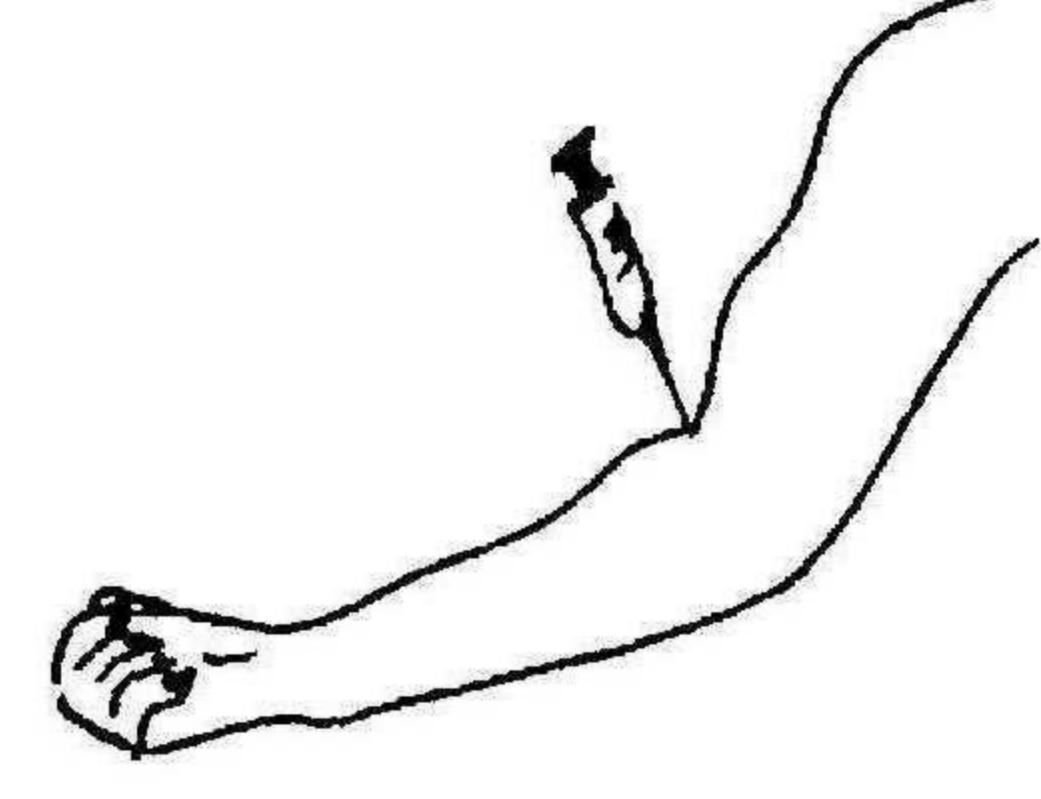
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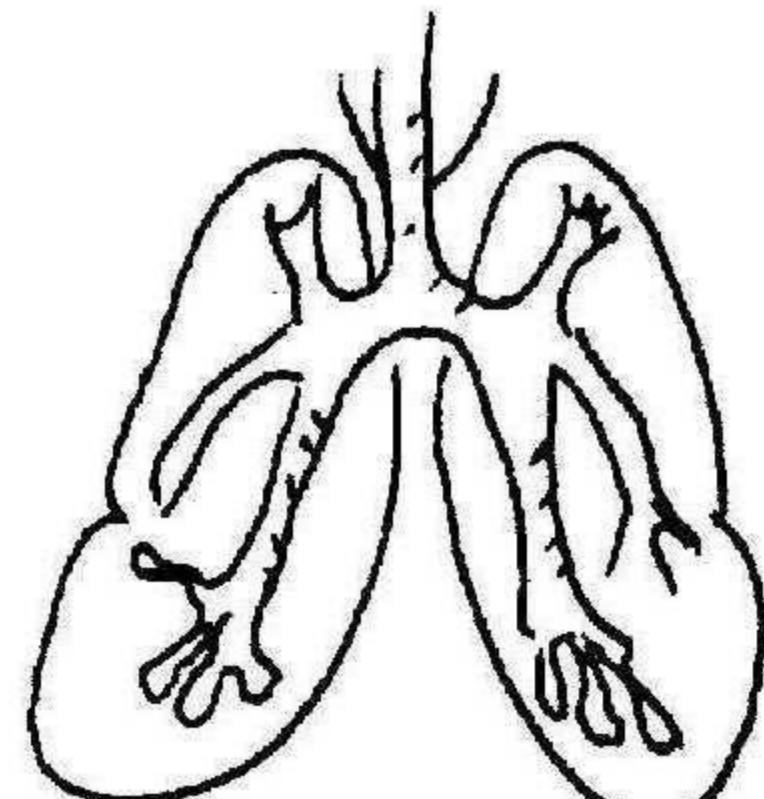
b



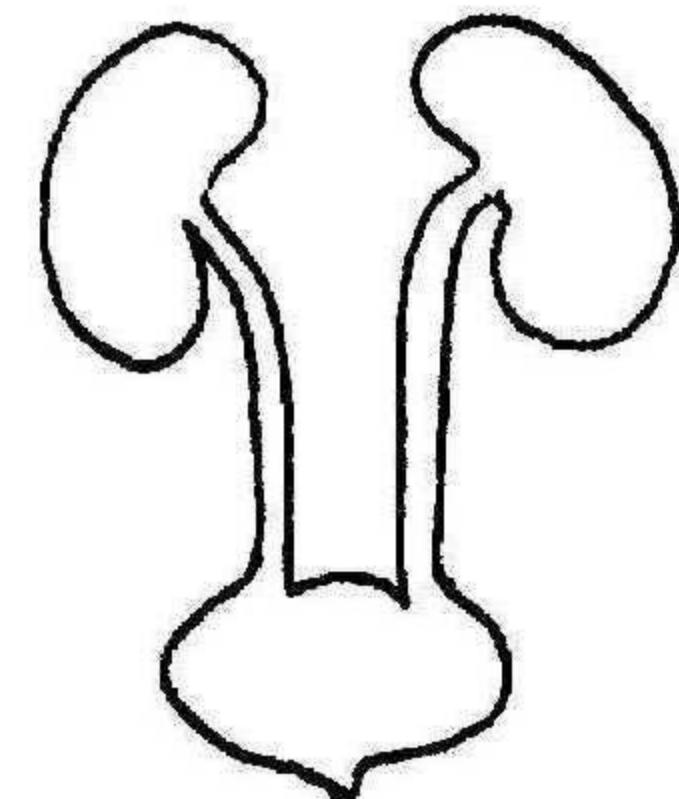
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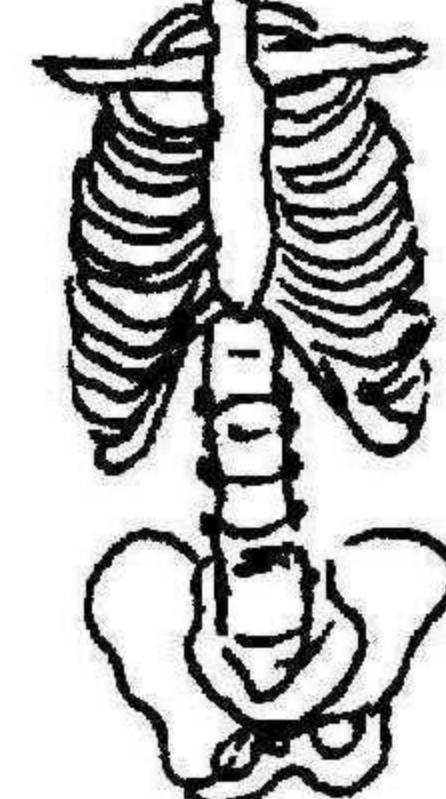
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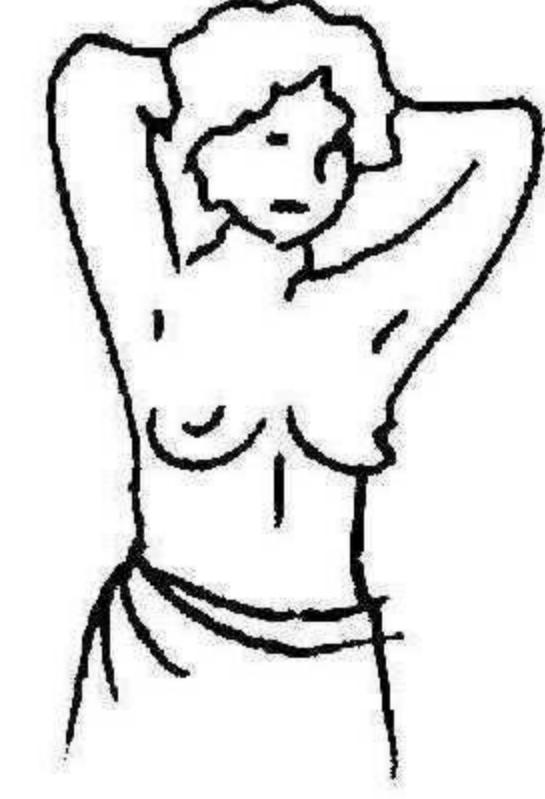
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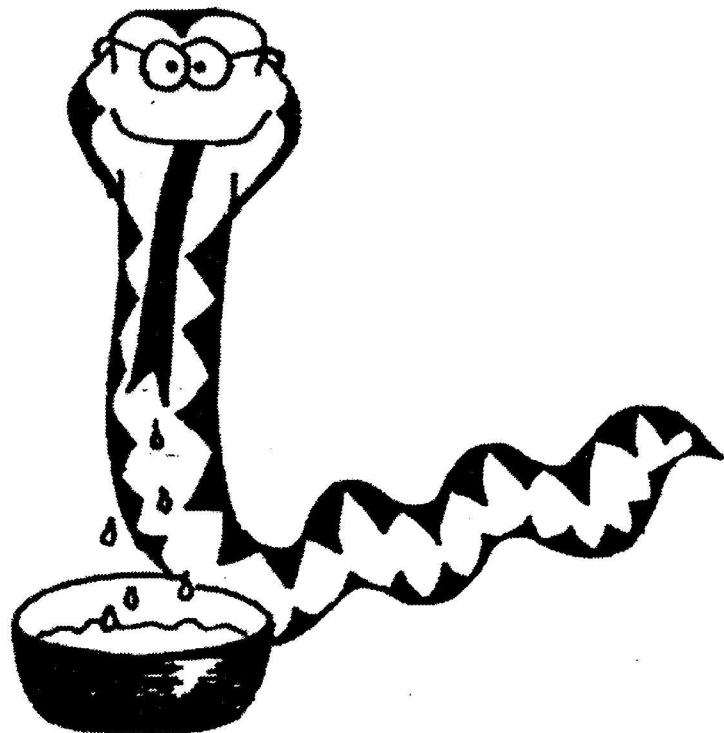
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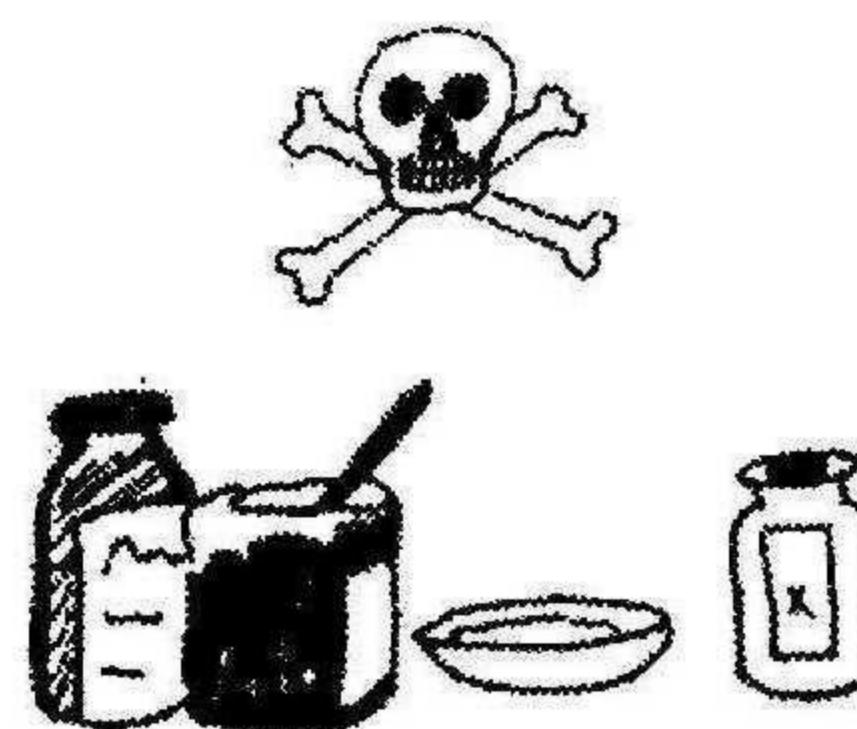
Unit 2

MEDICATION

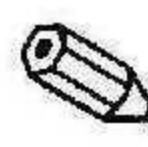
Contents

- 1 PRESCRIPTIONS
- 2 THERAPEUTIC EFFECTS OF DRUGS
- 3 SIDE-EFFECTS OF DRUGS
- 4 ADMINISTRATION OF MEDICATION



2/1 PRESCRIPTIONS**1**  Listen to dialogue 2/1.**2** All the following statements are false. After listening to the dialogue, make the necessary corrections.

- a) The patient has a skin rash caused by a viral infection.
- b) The doctor writes a prescription for pills which the patient has to take half an hour before meals.
- c) The doctor recommends talcum powder.
- d) The doctor does not think the skin rash will have disappeared in a week's time.

2/2 THERAPEUTIC EFFECTS OF DRUGS**1**  Match the types of drugs below with their effects.

- 1 antiemetics
- 2 anthelmint(h)ics
- 3 anti-inflammatory drugs
- 4 antitussives
- 5 bronchodilators
- 6 diuretics
- 7 mucolytics
- 8 sedatives/tranquilizers
- 9 spasmolytics

- a) to stop coughing
- b) to help the patient to produce urine
- c) to induce tranquility or sleep
- d) to stop or prevent vomiting
- e) to decrease inflammation
- f) to eliminate worms
- g) to relax smooth muscles and relieve cramps
- h) to reduce bronchial spasms
- j) to liquefy viscid bronchial mucus

2  What types of drugs have the following effects?

- 1 to relieve pain
- 2 to eliminate infections
- 3 to neutralise acid in the stomach
- 4 to bring the temperature down
- 5 to bring the blood pressure down
- 6 to help the patient to vomit
- 7 to treat bronchial asthma
- 8 to dilate blood vessels and improve circulation

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3  When you have finished, listen to the pronunciation of the drugs in recording 2/2/1,2.

4 Some medical terms are not generally used with patients. Use non-technical phrases to complete the sentences.

e. g. instead of: I'll give you some analgesics to relieve the pain.

Say: I'll give you some painkillers to relieve the pain.

I'll give you	pain killers	.....
You should use	some cough mixture	.....
You can take	water tablets	.....
	an inhaler	.....
	a muscle relaxant	.....
	a sleeping pill	.....

Note: Normally the doctor would use the term medicine or tablets. However, terms like anthelmintics, sedatives, antibiotics and antacids can be used with patients.

5 ♀ You will hear some patients' complaints (2/2/5). Prescribe drugs for each. Practice giving instructions to the patient for their use, using phrases from the previous exercise.

P1:

P2:

P3:

P4:

P5:

2/3 SIDE-EFFECTS OF DRUGS

1  Some medicines may have side-effects. List the side-effects.

allergy,

2  Listen to the patients' complaints (2/3/2) and identify the side-effects.

1 2

3 4

3  Listen to the mini dialogues (2/3/3) and fill in the table.

	medicine	illness	side-effects
1			
2			
3			
4			

2/4 ADMINISTRATION OF MEDICATION

1  How do you use the following items?

(1)	capsule	(2)	cream	(3)	liniment
(4)	lozenge	(5)	ointment	(6)	pill
(7)	spray	(8)	tablet	(9)	tincture
(10)	inhaler	(11)	nebuliser	(12)	gel

a) take *capsule, lozenge, pill, tablet*.....

b) swallow

c) chew

d) inhale from

e) apply

f) rub in / on

g) use

h) put on

i) massage in

j) suck

2  Complete the doctor's advice using verbs from the list above. When you have completed the exercise, listen to the recording (2/4/2) and repeat the advice.

a) this tablet half an hour before meals.

b) this tablet without chewing.

c) a pinch of this powder and mix it with some water.

d) a thin coat of this ointment every evening and then cover with a wet dressing.

e) Dip a cotton bud in this tincture and to your gums.

f) Pour an ampoule of this solution into boiling water and it for five minutes.

g) This is a bitter tablet, so it with some sort of juice.

3  Give the patient instructions on how to use each item illustrated. Use the verbs from the box. Then listen to the recording (2/4/3), number the pictures in the order you hear them and repeat the instructions.

apply	crush	drop	gargle	insert	place	rub	shake	swallow	take	use
-------	-------	------	--------	--------	-------	-----	-------	---------	------	-----



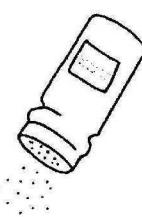
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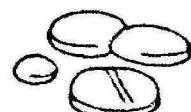
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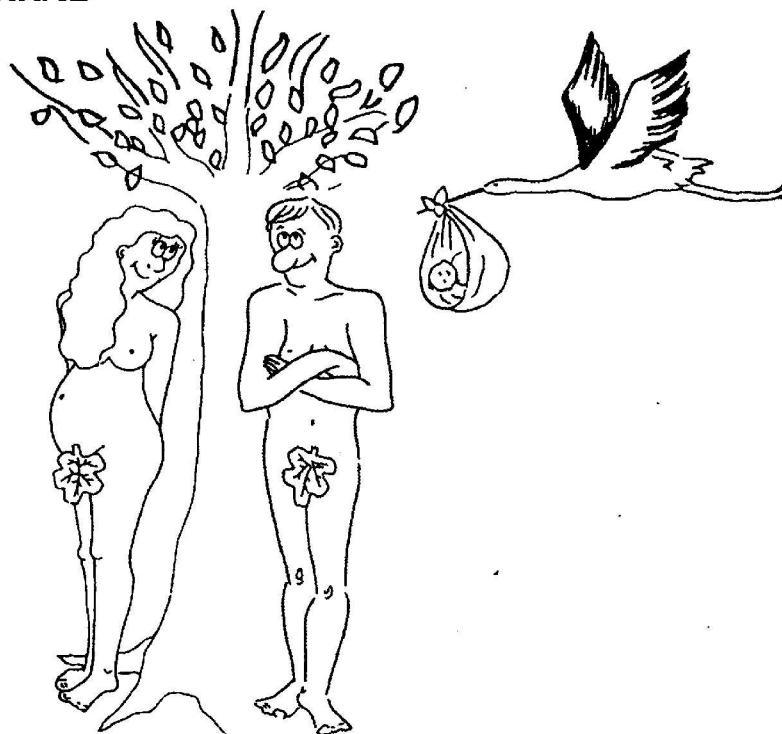
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Unit 3

OBSTETRICS AND GYN(A)ECOLOGY

Contents

- 1 GENERAL QUESTIONS
- 2 GYNAECOLOGICAL COMPLAINTS
 - A DYSMENORRH(O)EA, PMT
 - B HYPERMENORRH(O)EA
 - C METRORRHAGIA
 - D DYSPAREUNIA
 - E LEUKORRH(O)EA
 - F PROLAPSE
- 3 PHYSICAL EXAMINATION
- 4 PREGNANCY (A, B, C)
- 5 PAST PREGNANCIES (A, B)
- 6 PREECLAMPSIA / TOXAEMIA
- 7 GENERAL QUESTIONS REGARDING PAST PREGNANCIES
- 8 MISCARRIAGE
- 9 DILATATION AND CURETTAGE
- 10 DELIVERY (A, B, C,)
- 11 CONTRACEPTION
- 12 CLIMACTERIC
- 13 HYSTERECTOMY (A, B)
- 14 REFERRAL



3/1 GENERAL QUESTIONS

1  Match the time expressions below with the questions concerning menstruation.

a) When was your last period?	A 5 days
b) How long is it between your periods?	B a year ago
c) How long do your periods last?	C 29 days
d) When did you last have a smear test?	D 10 days ago

2 You will hear these expressions in the dialogue. Choose the correct meaning.

a) I don't have any lumps	c) I have a regular cycle
A I don't have sugar in my urine.	A I exercise a lot.
B I didn't find any swellings in my breast.	B My periods happen at the same time every month.
b) I feel a bit lumpy	d) Do you find you are using a lot of pads?
A I feel rather depressed.	A Do you have to use a lot of sanitary protection?
B My breast feels bulgy.	B Do you keep a diary of when your periods occur?

3  Listen to dialogue 3/1.

4 After listening to the dialogue, look at the topics below and form the question which could be asked about each.

a) date of last menses	.....
b) onset of menses	.....
c) frequency of menses	.....
d) duration of menses	.....
e) amount of blood loss	.....
f) Pap smear	.....
g) gynaecological problems	.....
h) swelling in the breast	.....
i) lumps in the breast	.....

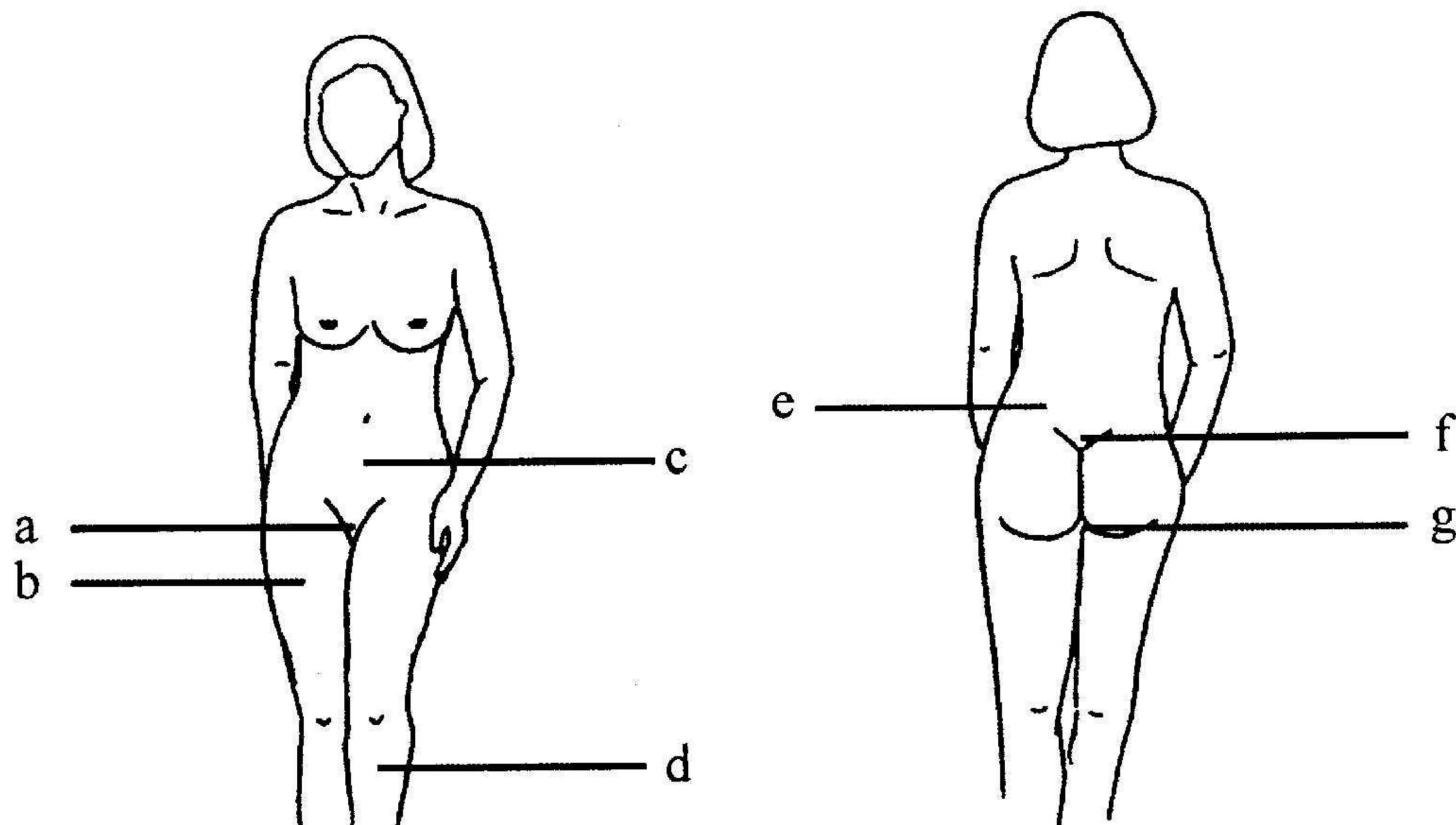
3/2 GYNAECOLOGICAL COMPLAINTS

3/2/A DYSMENORRHOEA, PMT

1  Before listening to the correct pronunciation of their names (3/2/1), match the following diseases with their definitions.

a) dysmenorrhoea	A abnormal whitish or yellowish vaginal discharge
b) amenorrhoea	B pain on sexual intercourse
c) menorrhagia	C lower abdominal pain during menstruation, which sometimes radiates to the back or legs
d) leukorrhoea	D heavy menstrual blood loss, greater than 80 mls throughout the duration of menstruation
e) metrorrhagia	E abnormal vaginal bleeding or spotting between periods
f) dyspareunia	F absence of menstruation for six weeks or more
g) prolapse	G slipping down of the uterus from its normal position
h) hypermenorrhoea	H abnormal profuse menstrual flow

2 Before listening to 3/2/A, label the sites of pain you think women complain of to the gynaecologist. What terms do you think the patient would use?



3  Listen to dialogue 3/2/A.

Check a) which sites are mentioned.
b) what other symptoms the patient mentions.

4 Various types of pain are described in the dialogue. Find the synonyms for these types of pain from the dialogue.

a) slight dull pain
b) severe dull pain
c) severe fluctuating, gripping, constricting pain
d) debilitating pain

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B/ HYPERMENORRH(O)EA C/ METRORRHAGIA

1  Before listening to the two dialogues, indicate which statements relate to hypermenorrh(o)ea, metrorrhagia or both.

- a) My periods seem to have been getting much heavier recently.
- b) My periods have been irregular.
- c) I sometimes have a little bit of spotting.
- d) There have been big clots.
- e) It's been soaking right through the pads.

2  Listen to dialogues 3/2/B,C and check your answers.

3 After listening to dialogue B, fill in the gaps in the doctor's questions.

- a) Have you noticed that your periods have been getting recently?
- b) Is the flow so heavy that it right through the pads?
- c) Have your periods been more than before?

4 Listen to dialogue C again and note the symptoms which the patient mentions at the time-points and intervals given.

- a) it varies between two and seven weeks
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- b) more than six weeks
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- c) for the first couple of days
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- d) between the periods
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- e) for the first couple of days and for the week beforehand
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- f) until about a year ago
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5 Choose the correct meaning for each of these expressions.

a) **heavy with flooding**

- A frequent urination
- B substantial blood loss

b) **go haywire**

- A stop completely
- B go out of order

6 Take the doctor's part in the dialogue below basing your questions on the information given by the patient.

D:

P: Well, they have been a bit irregular.

D:

P: The last was two weeks ago.

D:

P: No, everything was fine last year.

D:

P: Yes, some spotting after about two weeks.

D/ DYSPAREUNIA E/ LEUKORRHOEA F/ PROLAPSE

7  Listen to dialogues 3/2/D,E,F and name the complaints of the patients in the order you hear them.

a) prolapse b) dyspareunia c) leukorrhoea

8 Write in the missing words.

D: a)..... uncomfortable to have sex?
 P: Yes, Doctor, the last few months b).....
 D: c)..... every time, or just occasionally?
 P: Almost every time I d)..... ache inside.
 It's becoming so bad e)..... do it for the last few weeks.

9 The following questions are useful when asking a patient about leukorrhoea. Decide which questions have the same meanings.

a) Is it foul smelling?	A Does it sting?
b) Do you have any burning?	B Do you have any discharge from the vagina?
c) Can you describe the discharge?	C What colour is the discharge?
d) Do you have any discharge from down below?	D Does it smell quite strong?

10 Below are two definitions of a prolapse. Choose the one you would use when explaining it to your patient. Explain why.

a) Prolapse is the descent of the uterus from its normal position.
 b) Prolapse means the womb isn't held in its proper place and drops out of position.

11 Write the first part of the questions below which a doctor would ask concerning prolapse.

a) <i>Is the lump there</i>	all the time? only sometimes?
b)	you have been to pass urine? you have a bowel motion?
c)	can you push it back up? are you unable to push it back up?

3/3 PHYSICAL EXAMINATION

1  Before listening to the gynaecologist's instructions, put these instructions into a logical order by numbering the list.

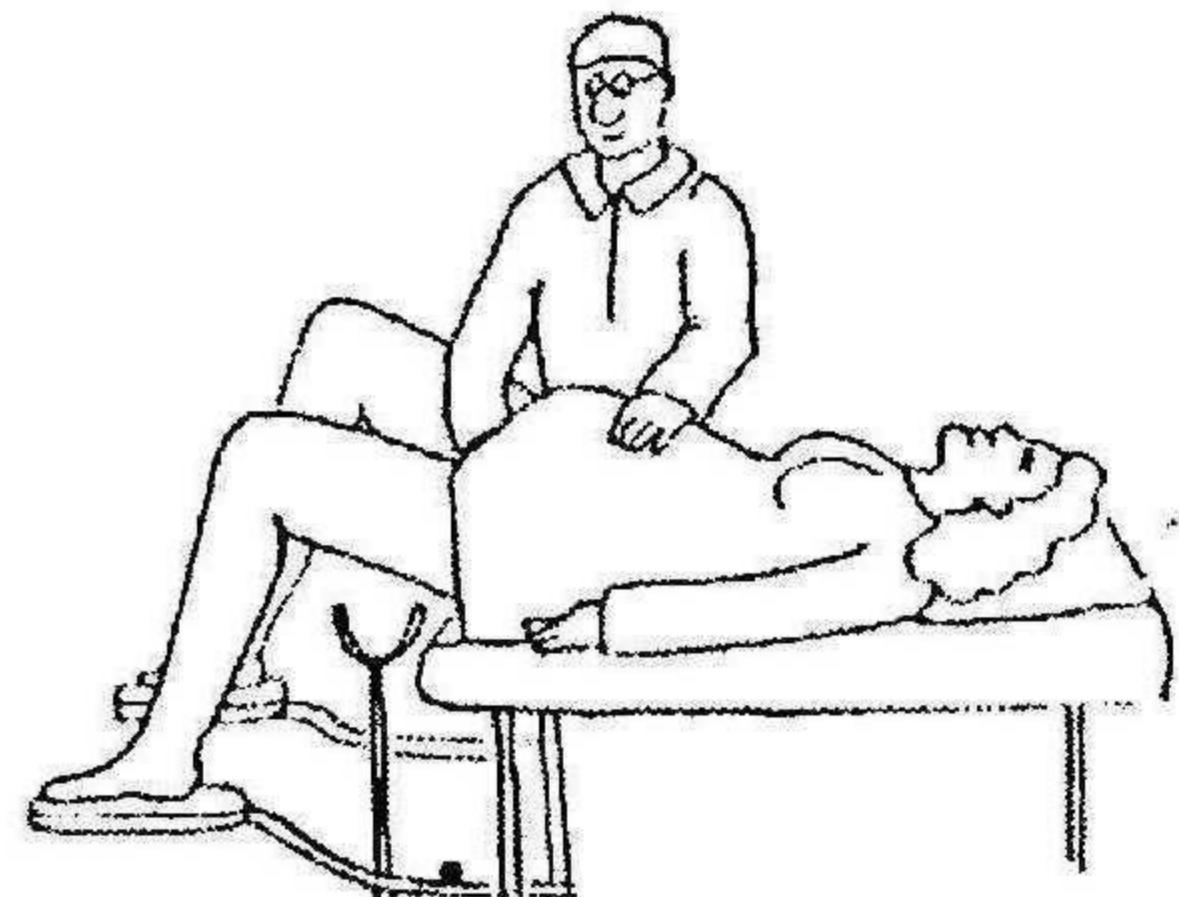
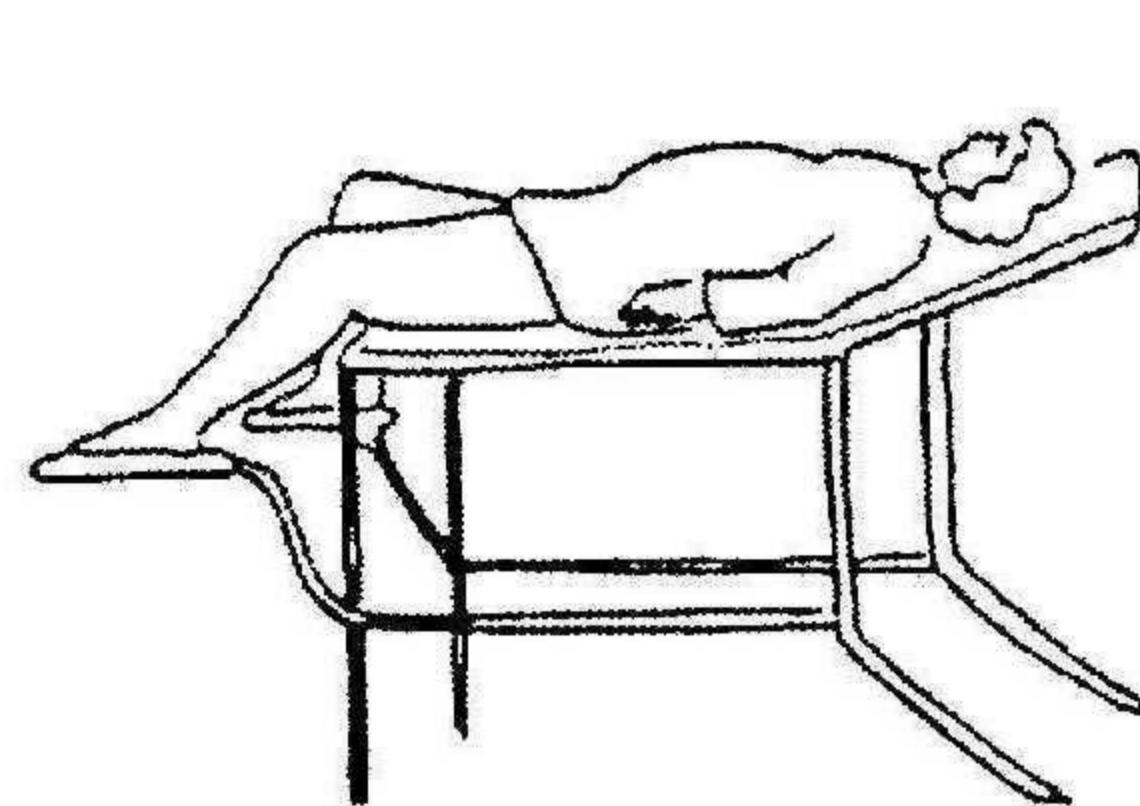
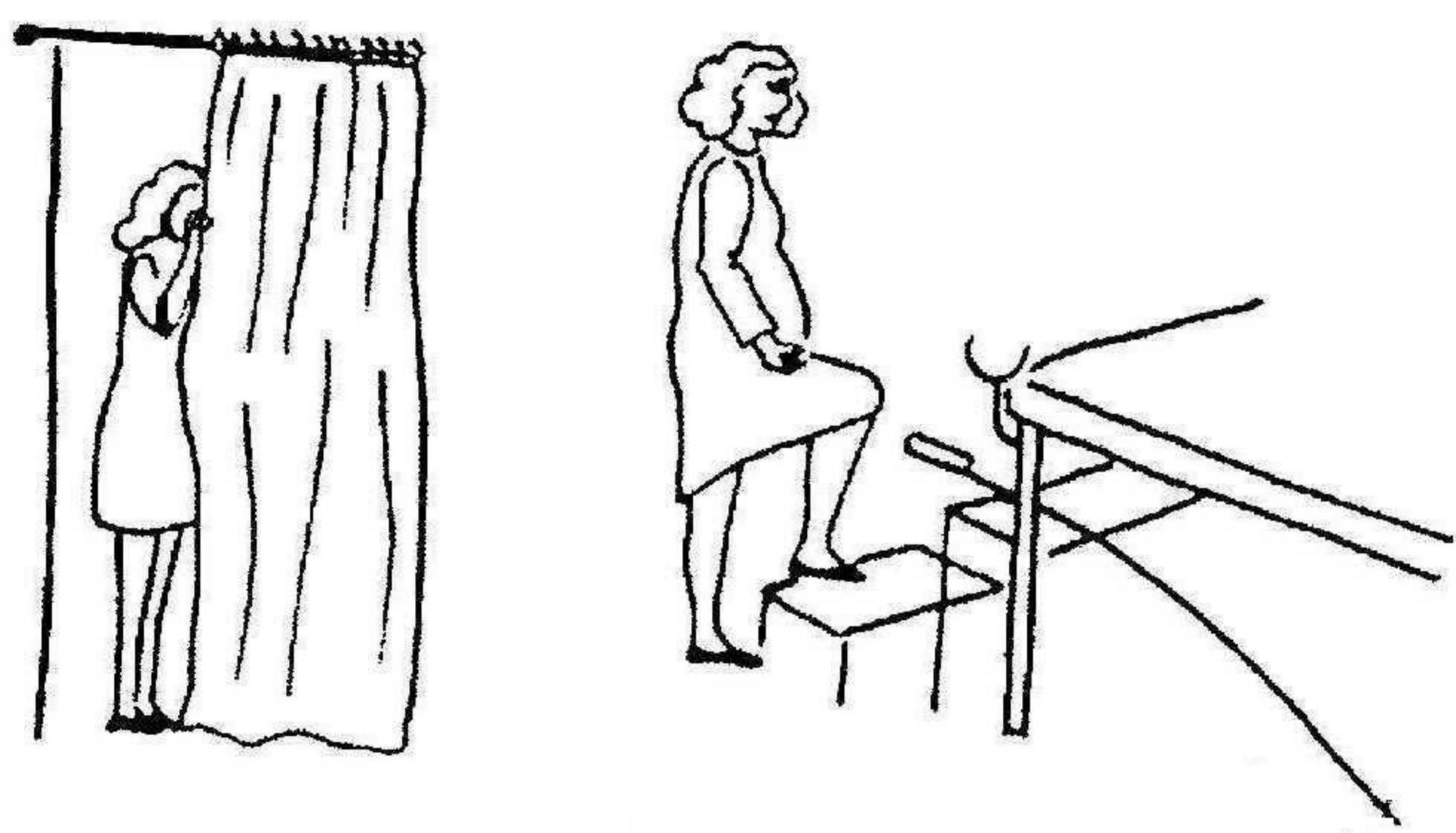
- a) drop your knees apart
- b) relax your bottom down onto the bed
- c) pop /go, step/ behind the curtain
- d) take your pants off
- e) pull your knees up towards you
- f) pop up onto the couch

2  Listen to dialogue 3/3 and check your order.

3 Connect the correct noun with its verb and then create instructions using nouns and verbs starting with the initial phrases below.

Would you mind ...ing	pop	knees
Would you	take off	curtains
If you can	cover	trousers
If you just	pull up	blanket
I'd like you to	drop	bottom
Please	relax	feet

4 Use the pictures to practise giving instructions to the patient.

**3/4 PREGNANCY****3/4/A EARLY PREGNANCY**

1  What symptoms of pregnancy do you know?

.....

2  Listen to dialogue 3/4/A and tick the sentences you hear.

a) A How long do you think you haven't had a period?
 B How long has it been since your last period?
 C How long did your last period last for?

c) A Are you using any kind of contraception?
 B Do you always take precautions when having sex?
 C Do you use a condom?

b) A Do you often have sex?
 B Do you have a sexual partner?
 C Are you sexually active?

d) A Do you think you might not be pregnant?
 B Is there any possibility that you are pregnant?
 C Do you think you might be pregnant?

3 Look at this patient's answers. Form the doctor's questions that could have elicited them.

D:

P: I don't seem to have had a period for several months.

D:

P: Well, I think my last period was two months ago.

D:

P: Yes, I'm on the pill.

D:

P: Well, I think I might have forgotten to take the pill once or twice.

4 List some risk factors for women in which foetal growth and well-being may be impaired.

3/4/B EARLY PREGNANCY

5  You will hear the patient use these words or expressions in the following dialogue. Do you know what they mean? Choose the correct meaning.

a) **queasy**
 A slightly dizzy
 B slightly nauseous
 C rather sore

c) **I've gone off my food**
 A I vomit every time I eat
 B I don't want to cook any more
 C I don't feel like eating much

b) **I felt on edge**
 A I felt very angry
 B I felt suicidal
 C I felt rather nervous

d) **I've been a 32 B cup**
 A this was the size of my panties
 B this was the size of my bra
 C this was how much tea I drank

6  Listen to dialogue 3/4/B about the symptoms of pregnancy. Mark the ones you hear in the dialogue.

a) I've missed a period.
 b) My urine test was positive.
 c) I've put on a lot of weight.
 d) I can feel the baby kicking.

- e) I've had morning sickness.
- f) I've noticed purple lines / stretch marks / on my tummy.
- g) I get tired easily.
- h) I feel very sleepy all the time.
- i) I've had a tiny drop of milk leaking from my breast.
- j) My breasts feel very full and sensitive.
- k) I need to spend a penny a lot.
- l) My bust has been getting bigger.
- m) I want to eat unusual things.

3/4/C LATE PREGNANCY

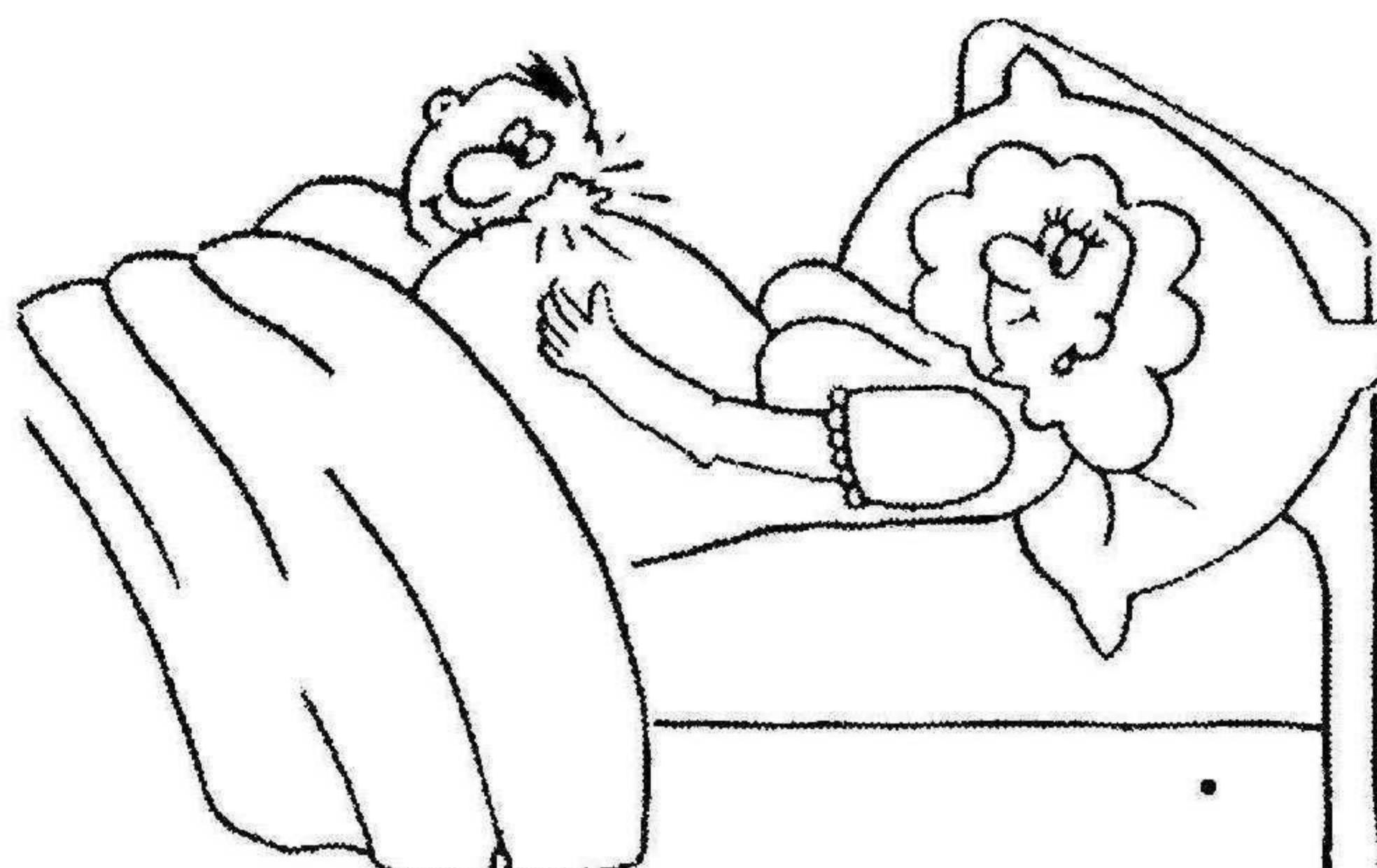
7  You will hear the following expressions in the dialogue. For each of the four expressions there is only one correct definition. Select the correct definitions from the box.

occasional diarrhoea	not difficult to treat	too painful to touch	mild infection
slight movement	dizzy feeling	secretion from the vagina	
	easily distinguished from any other disease		

- a) fluttering feeling
- b) a touch of thrush
- c) it is easily sorted out
- d) discharge from down below

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8  Listen to dialogue 3/4/C.



9 Form the questions asked by the doctor concerning the following. Start each question with HAVE YOU

- a) kicks against the abdomen
- b) burning on urination
- c) ultrasound
- d) discharge
- e) baby's sex

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3/5 PAST PREGNANCIES

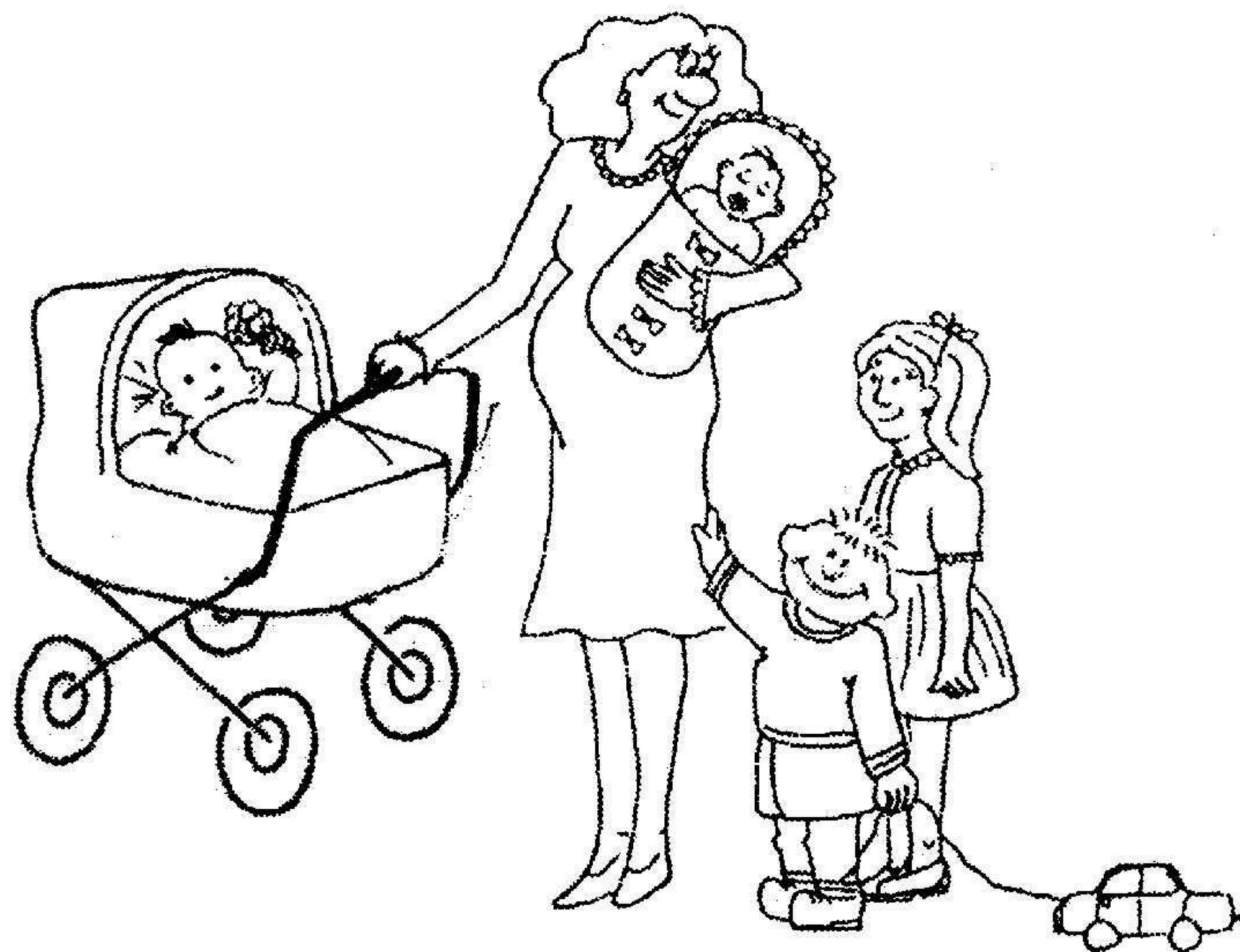
1  Below are expressions used when talking to a patient in the gynaecological surgery. For each give a short medical explanation.

- a) internal examination
- b) termination
- c) tubule pregnancy
- d) miscarriage
- e) stillbirth
- f) Caesarean section

commonly used for anything other than induced abortion

2  Listen to dialogue 3/5/A and then say what questions elicited the answers containing the following numbers.

- a) No, the sixth.
- b) Six times.
- c) Three.
- d) One.
- e) One.



3  Listen to the second dialogue (3/5/B) about past pregnancies. Underline the correct choice.

a) She has -----	one child	two children	twins
b) The children are -----	four and five	three and four	three and five
c) The older child was born -----	premature	late	on time
d) The younger was born -----	early	on time	late
e) The younger was -----	born by Caesarean	induced	a normal birth

3/6 PREECLAMPSIA / TOXAEMIA

1  **Study the text below about preeclampsia. After listening to the dialogue, underline the signs and symptoms that you heard in the dialogue on complications during pregnancy.**

Eclampsia is a type of convulsion that occurs shortly before or after childbirth in about one in 500 pregnancies. Good prenatal care can often, and usually does, prevent full blown eclampsia. The warning signs are headaches, failing vision, dizziness, rising and high blood pressure, and albuminuria.

3/7 GENERAL QUESTIONS REGARDING PAST PREGNANCIES

1  **Before listening to the dialogue, match the answers to the questions.**

a) What kind of anaesthetic did you have during labour?	A He was breast-fed.
b) Did you start labour by yourself?	B No, they used forceps.
c) How long did the labour go on for?	C Yes, it began by itself.
d) Was it a normal delivery?	D At least twenty-four hours.
e) Were there any problems after delivery?	E Gas and air and epidural.
f) How did you feed the baby?	F Yes, he went to the special care unit.

2  **Listen to dialogue 3/7 and check your choice.**

3 **After listening to the dialogue, indicate whether the following are true or false.**

- a) The patient had no painkillers during labour.
- b) The labour had to be induced.
- c) The baby was in distress before delivery.
- d) It was a short labour.
- e) The baby's neck muscles were strained during delivery.
- f) The baby was fed exclusively on formula.

4 **Find the explanation for the following.**

a) bottle-feeding	c) top him up with bottles
A maternal milk fed from a bottle	A supplement his insufficient breast-fed diet with artificial feeding
B maternal milk replaced by animal product	B keep him warm with hot water bottles
C bottled milk	C feed him mashed food only
b) health visitor	d) express milk
A health educator	A feed him quickly to stop him being hungry
B social worker	B use only fresh milk and not milk powder
C peripatetic nurse	C remove milk from the breast by hand or breast pump

5 Form the questions asked by the doctor concerning the following:

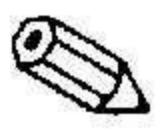
- a) anaesthesia
- b) onset of labour
- c) duration of labour
- d) possible complications
- e) feeding

3/8 MISCARRIAGE**1**  **Listen to the dialogue and number the list below to indicate the chronological order.**

- a) childbirth delivery
- b) childbirth delivery
- c) termination
- d) miscarriage

2 Form the correct answers to the questions asked.

- a) Have you ever been pregnant apart from having these two children?
 A I had | an abortion | between them.
 B | a miscarriage |
- b) How many weeks on were you when you miscarried?
 A About | six months.
 B | ten weeks.
- c) Did you need a D & C?
 A Yes.
 B No.
- d) Have you been pregnant at any other time apart from the occasions you have mentioned?
 A Yes, when I was | twenty nine.
 B | nineteen.
- e) Do you remember how many weeks on you were when the termination happened?
 A It was about | eight weeks.
 B | three months.

3/9 DILA(TA)TION & CURETTAGE**1**  **You will hear a gynaecologist explaining a D & C to medical students. Before you listen, make up sentences using the two sets of expressions and joining them with the correct verb from the box.**

dilated	examined	grasped	washed	evacuated	covered	visualised
---------	----------	---------	--------	-----------	---------	------------

- a) The perineum and vagina are with Betadine solution.
- b) The legs are with sterile drapes.
- c) The patient is by bimanual pelvic examination.
- d) The cervix is using a Sims's speculum.
- e) The anterior lip of the cervix is with a vulsellum.
- f) The cervix is using Hegar dilators.
- g) The cavity of the uterus is by suction curettage.

2  Listen to the doctor's explanation (3/9) and check your answers.

3  After listening to the doctor's explanation, select the six stages which are important for the patient to know about. Write out how you would explain a D & C to your patient being reassuring, and using words she will understand. Give the explanation clearly, using: *First, then, after that, finally*. Then listen to our version on the tape (3/9/3).

3/10 DELIVERY

3/10/A BEFORE THE DELIVERY

1  Name three methods of delivery.

2  Before listening to the gynaecologist's explanation of why he plans to induce labour, fill in the gaps.

due date	started	dates	overdue
----------	---------	-------	---------

Well, looking at the (a) of your pregnancy your baby is really quite (b) now. It should have been here about ten days ago and we really don't like to leave them too much longer than two weeks over the (c), so what we'll do is try and bring you to hospital tomorrow and get the delivery (d)

 Listen to the doctor's explanation (3/10/A) and check your answers.

3 After listening, complete the explanation below using BECAUSE, SO THAT or SO AS TO.

What will be done?	What for?
a) We'll get labour started	... because the baby is overdue.....
b) We'll put some gel up by the cervix	.....
c) We can put a drip up	.....
d) We break the waters	.....

3/10/B DELIVERY

4  Before listening to the dialogue, tick the phrases that may be characteristic of contractions.

- a) cause breathlessness
- b) occur every ten minutes
- c) they are getting stronger
- d) they are coming on harder
- e) a sort of dull pain
- f) last for about a minute
- g) a sort of tight feeling
- h) they are becoming quite sore
- i) swelling



5  Listen to dialogue 3/10/B.

6 Phrase questions for the patient concerning the following during labour:

- a) amniotic fluid
- b) regularity of contraction
- c) intervals between contractions
- d) intensity of contraction
- e) duration of contractions

.. *Have your waters broken yet?*.....

3/10/C FORCEPS DELIVERY

7  Before listening to how the obstetrician explains forceps delivery to medical students, match the nouns with the relevant verbs using the correct form.

- a) cervix
- b) bladder
- c) position of foetal head
- d) perineum
- e) legs
- f) placenta
- g) rectum

should be

- A wash... down
- B deliver...
- C dilated
- D determine...
- E check...
- F cover...
- G empty...

8  Listen to the doctor's explanation (3/10/C) and check your answers.

• ♀ Write out how you would explain to the patient what a forceps delivery will entail under the following headings, then listen to our version on the tape (3/10/9).

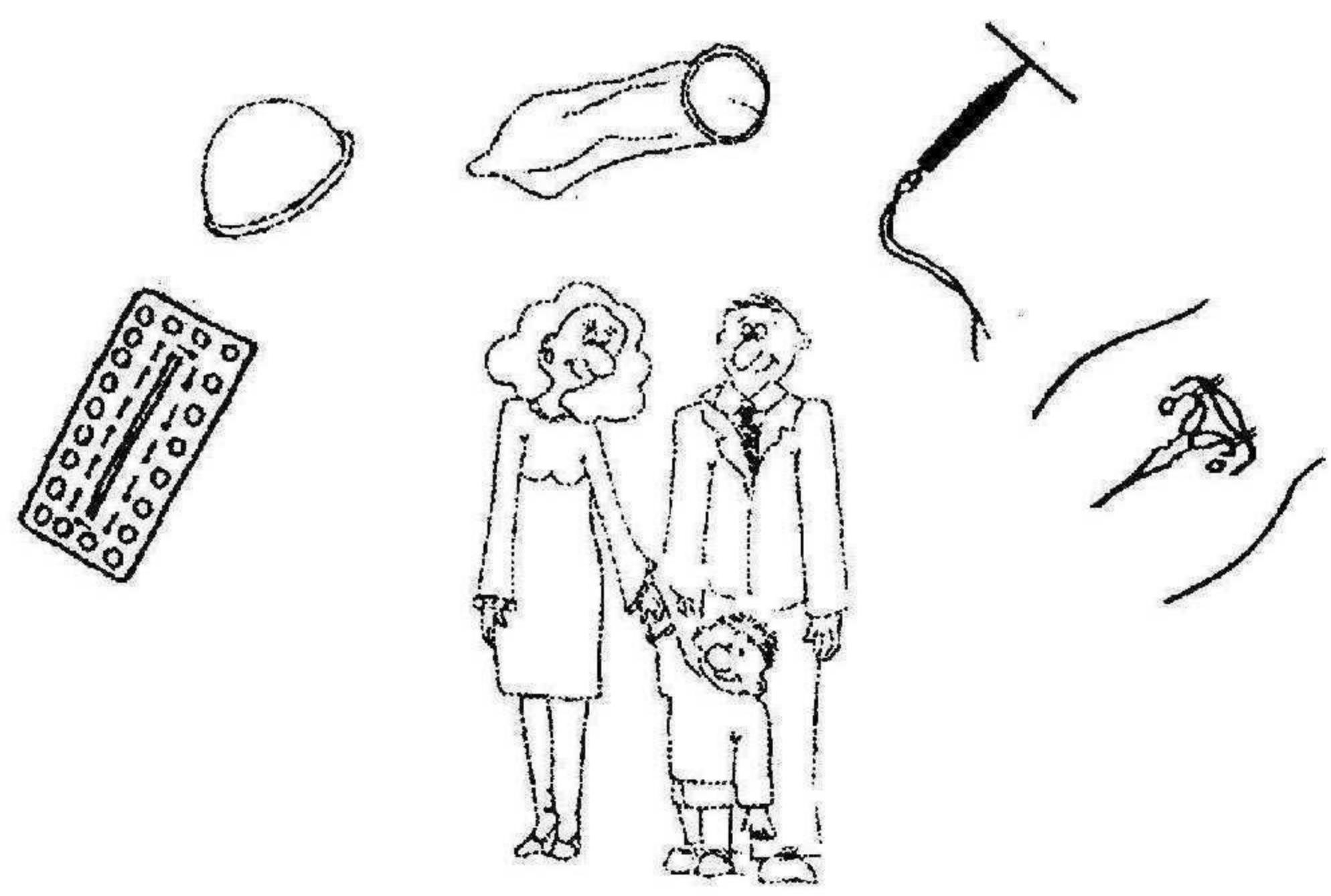
- reasons for use of forceps
- preparation
- process

3 11 CONTRACEPTION

1  Before listening to the explanation about contraception, group the following methods according to whether they are used by males, females or both.

males females

- the pill
- coil
- cap
- sterilisation
- coitus interruptus
- condom



2 ♀ Listen to the doctor's explanation of the advantages and disadvantages of the different methods and fill in the table.

Methods	Advantages	Disadvantages
mini pill		
combined pill		<i>some side-effects</i>
coil / IUD		
cap / diaphragm		
sterilisation	<i>very reliable</i>	
coitus interruptus		
condom		

3 Choose the contraceptive method you would advise the following patients to use.

- a married woman with two children, who does not want any more children
- a married woman, who has delivered a baby, but still wants more children
- a sixteen-year-old girl

4 Explain the advantages and disadvantages of the different methods of contraception to your patient.

3/12 CLIMACTERIC

1  What are some of the problems associated with the climacteric and the menopause?

.....
.....
.....
.....



2  Listen to dialogue 3/12 and circle the correct information.

- a) A Her last period was about three years ago.
B Her last period was about eleven months ago.
- b) A The symptoms seem to have improved.
B The symptoms seem to be getting worse.
- c) A The hot flushes sometimes interrupt her sleep.
B Her sleep is disturbed every night.
- d) A She has a problem with vaginal dryness.
B She has no problems with sexual intercourse.

3 Read the following phrases which tell you what information to obtain from your patient. Formulate questions and write them out below.

a) cessation of menstruation

b) problems

c) frequency of hot flushes

d) sex life

3/13 HYSTERECTOMY**3/13/A****1**  Listen to the doctor's explanation of a hysterectomy (3/13/A) and fill in the gaps.

We need to (a) your womb, to give you a hysterectomy. We'll (b) under a general anaesthetic. We'll either (c) in your tummy or perform the operation through the vagina. In your case, unfortunately, we'll (d) not only the womb but also the fallopian tubes and ovaries. I'm afraid we have to do this to prevent the disease (e)

After the operation you won't have any periods and sadly you (f) any children. Because we have to remove the ovaries there is a possibility that you (g) hot flushes, night sweats and dryness of the vagina – all symptoms of the menopause, but this doesn't always happen. This is because your estrogen and progesterone hormone levels (h) (Your ovaries produce these hormones.) If you do have problems we can always help by giving you hormone replacement therapy in the form of pills or a (i) However, to prevent osteoporosis we recommend this HRT also to patients without symptoms. You (j) a bit low and depressed but usually it soon passes, and you may also (k) a problem with your weight - a lot of people seem to put on weight after a hysterectomy.

You will have to stay in hospital for about six days where we can (l) with pain killers if necessary. Then you will have to take it easy for a while and get plenty of rest. You can gradually (m) again. It takes about 6-8 weeks (n) the operation. After six weeks I'll want you to (o) just to see that everything is OK. If you have any questions regarding this operation, (p) asking me.

2 Using the phrases below, explain to the patient what a hysterectomy entails.

removal of the uterus → *We'll remove your womb*

- a) carried out under a general anaesthetic
- b) abdominal incision
- c) menstruation ceases
- d) no possibility of pregnancy
- e) requires a two-week hospital stay
- f) painkillers are given to relieve pain
- g) rest and relaxation are necessary
- h) gradual build up of activities
- i) return for check-ups to check wound is healing
- j) slight weight gain
- k) climacteric symptoms

3/13/B WHY IS HYSTERECTOMY NECESSARY?

3  Before listening to 3/13/B, match the definitions below to the gynaecological problems given.

cancer	endometriosis	fibroids	menstrual disorders	pelvic infections	prolapse
--------	---------------	----------	---------------------	-------------------	----------

- a) growths in the uterus
- b) descent of the uterus due to loosening of the pelvic muscles
- c) the growth of endometrial tissue outside the uterus
- d) inflammatory diseases of the female reproductive organ
- e) excessive bleeding
- f) malignant tumour in the uterus and / or ovary
- .

4  Listen to the description of some gynaecological problems (3/13/B). Underline the correct word in brackets.

- a) What you have is fibroids. These are (gross / groans / growths) in the womb. They can be very large but yours aren't too bad. That's what's causing your pain and the heavy bleeding, but don't worry it is not cancer.
- b) You have a (dripping / dropped / drooped) womb. What has happened is that the muscles in your pelvis aren't holding it in place any more and it has slipped down into the vagina.
- c) The problem is called endometriosis. The (lining / laying / listing) of your womb, that's called the endometrium, has started to grow outside the womb itself.
- d) I'm afraid you have a pelvic infection. Your ovaries are infected and (inferred / inflamed / enforced). Sometimes it can affect the fallopian tubes and the womb as well, but in your case it's just the ovaries at the moment.
- e) With all this excessive bleeding it looks like you have a real menstrual (disorder / display / dislike).
- f) The biopsy shows that there is cancer of the uterus and possibly the ovaries are (infected / affected / effected).

5 Practice telling the patient what their problem is. Complete each sentence with a simple explanation of the problem.

You have	fibroids.....
What you have is	a prolapse.....
The problem is called	endometriosis.....
I'm afraid you have	a pelvic infection

3.14 REFERRAL

1 Study the doctor's referral below. Write the dialogue which took place when the doctor gathered the information.

Dear Mr MacKenzie,

I would be grateful if you could see this 45-year-old occupational therapist again. You saw her in July last year with inter-menstrual and post-coital bleeding. At that time she had a vabra curettage which was normal. She has since had a recurrence of inter-menstrual and some post-coital bleeding. This consists of mostly old blood at around day 20–24. She has occasionally had a bright red spot of post-coital bleeding. Her normal cycle is 28–31 days, although recently her periods have been becoming more prolonged and lasting around 10 days.

Her past history includes multiple sclerosis diagnosed in 1972. She is normally fairly fit and well despite this, although she did recently have an episode of sensory disturbance in her legs. She is para 2+1 and had a sterilisation in 1974 followed by a reversal in 1976. She had a division of adhesions in 1982. A cervical polyp was cauterised in 1986.

On examination there was a blood-stained discharge coming through the os. The uterus was bulky, about eight-week size, and diverted and deviated to the left. I thought I could feel a fibroid. She also has a slight cystocele.

I took a smear and HSV and will let you know the results when I have them.

She is on hormone replacement therapy and has been taking Trisequens since January this year. This was prescribed for menopausal symptoms, hot flushes and vaginal dryness etc.

She is getting rather fed up with her menstrual symptoms and has difficulty coping with them along with her MS. She seems rather keen to have a hysterectomy. I would welcome your assessment and advice on her management.

Yours sincerely,

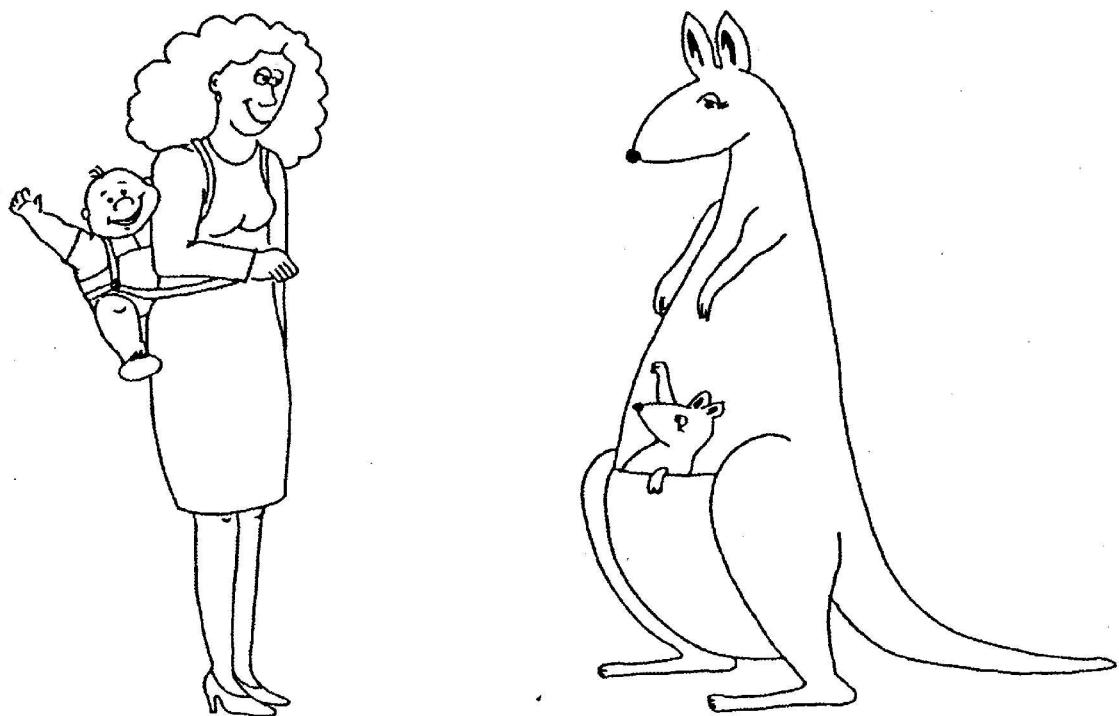
Dr J. Thompson

Unit 4

P(A)EDIATRICS

Contents

- 1 NEONATAL HISTORY
- 2 BABY'S CONDITION AT BIRTH
- 3 NEWBORN COUNSELLING
- 4 NEWBORN DISEASES
- 5 FEEDING
- 6 PSYCHOMOTOR DEVELOPMENT
- 7 INFANT COMPLAINTS
- 8 FEBRILE CONDITION
- 9 PYLORIC STENOSIS
- 10 DIARRH(O)EA
- 11 ASTHMA
- 12 ACCIDENTS
- 13 MENINGITIS
- 14 FEBRILE CONVULSIONS
- 15 HENOCH-SCHÖNLEIN PURPURA
- 16 BEDWETTING



- 1 NEONATAL HISTORY

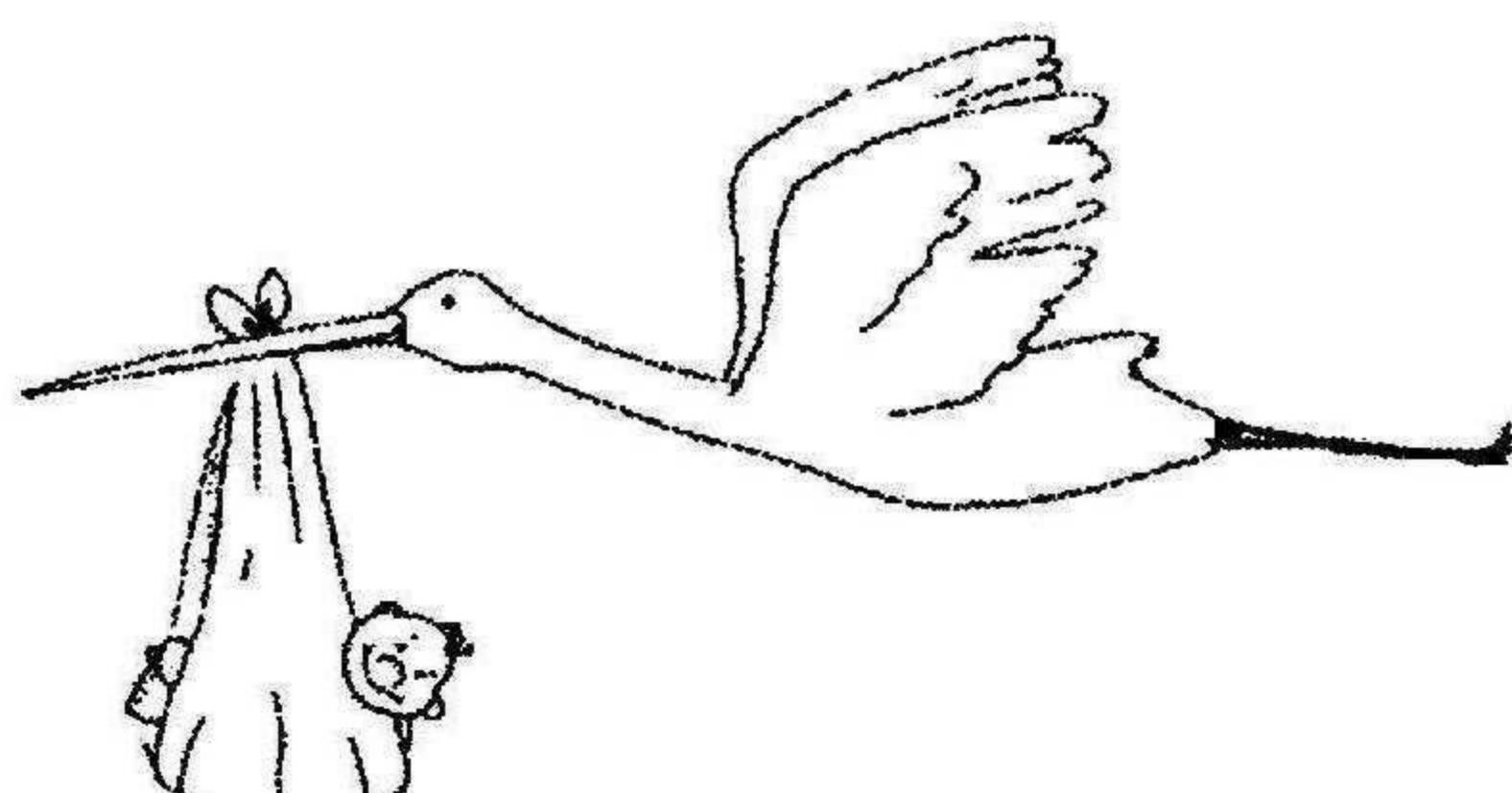
1  Listen, repeat and practice the questions concerning neonatal history (4/1/1).

2  Study the list below, then listen to dialogue 4/1/2 and underline the phrases you hear, paying attention to the expressions of politeness.

a) I'd like to ask you for a little background information about James.
 b) If you don't mind, I would like to take you right back to the beginning.
 c) Would you be so kind as to help me undress James?
 d) Could you tell me about your pregnancy?
 e) Would you mind me asking whether the pregnancy was planned?
 f) Would you help me by giving me some information on your pregnancy?

3 On the basis of the following prompts, write out the questions asked by the doctor.

a) mother's age at delivery
 b) number of pregnancy
 c) complications during pregnancy
 d) full-term or not
 e) type of delivery

**- 2 BABY'S CONDITION AT BIRTH**

1  Listen to the dialogue (4/2) concerning the baby's condition at birth and complete the table.

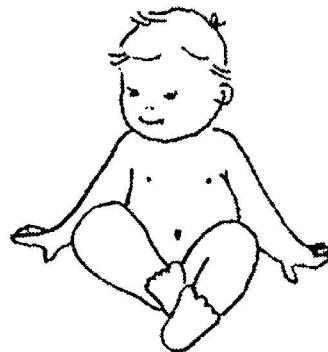
Condition	Requirements	Non-requirements
The baby was... <i>small</i> ,	The baby needed...	The baby did not need...

2 Explain the meaning of the following words.

a) special care unit
 b) nursery
 c) appropriate for dates
 d) overdue
 e) special-care baby notes

3 Ask as many questions as you can regarding the baby's condition at birth.

- a) breathing
.....
- b) transfusion
.....
- c) resuscitation
.....
- d) infection
.....
- e) jaundice
.....

4/3 NEWBORN COUNSELLING**1**  Listen to dialogue 4/3/A and indicate the parts of the body that are mentioned.**2 Give synonyms for the following phrases used in the dialogue.**

- a) wooden spatula
.....
- b) thrush
.....
- c) belly button
.....
- d) concerns
.....
- e) change the baby
.....

3 On the basis of the dialogue complete the sentences.

- a) I'll have a look at James to
.....
- b) I'm having a look at his reflexes to
.....
- c) In his mouth I can see that
.....
- d) I'll prescribe you Nystatin to
.....
- e) I'll give you some alcohol swabs so that
.....

4  Listen to dialogue 4/3/B. In what order did the doctor give advice below?

- a) immunisation
- b) amount of bedding
- c) weight
- d) fresh air
- e) stool
- f) feeding

5 Match the following sentence halves.

a) I'd like to see	A that you never use a duvet.
b) Are you happy	B but dress him appropriately for the weather.
c) You should	C with your breast-feeding?
d) Take him out in the fresh air	D wrap him up too much at night.
e) What I would advise is	E how his weight has been progressing.
f) I don't think you should	F sit him upright after a feed.

4 NEWBORN DISEASES

1 Listen to the doctor's explanations in dialogue 4/4/A and B. Pay attention to how the doctor is trying to soften his statements, and then complete the sentences below.

- a) I feel that we need to be sure that.....
- b) As I have a little bit of doubt whether there is
- c) I think it would be wise for me to

2 Practise the doctor's questions by beginning: *Do you know ...?* Then listen to our version on the recording and repeat the questions.

- a) Did he have an infection?
- b) Did he become jaundiced?
- c) Did he have any bleeding in his brain?
- d) Did he go for an ultrasound scan of his brain?
- e) Did he have injuries during delivery?
- f) Did he have congenital abnormalities?

5 FEEDING

1 After listening to dialogues 4/5/A, B and C, explain the meaning of the following:

a) feeding rhythm	b) breast-fed	c) bottle-fed	d) tube-fed
e) I packed it in	f) wean the baby	g) put him on the bottle	.

2 Form questions about the following topics and practise them.

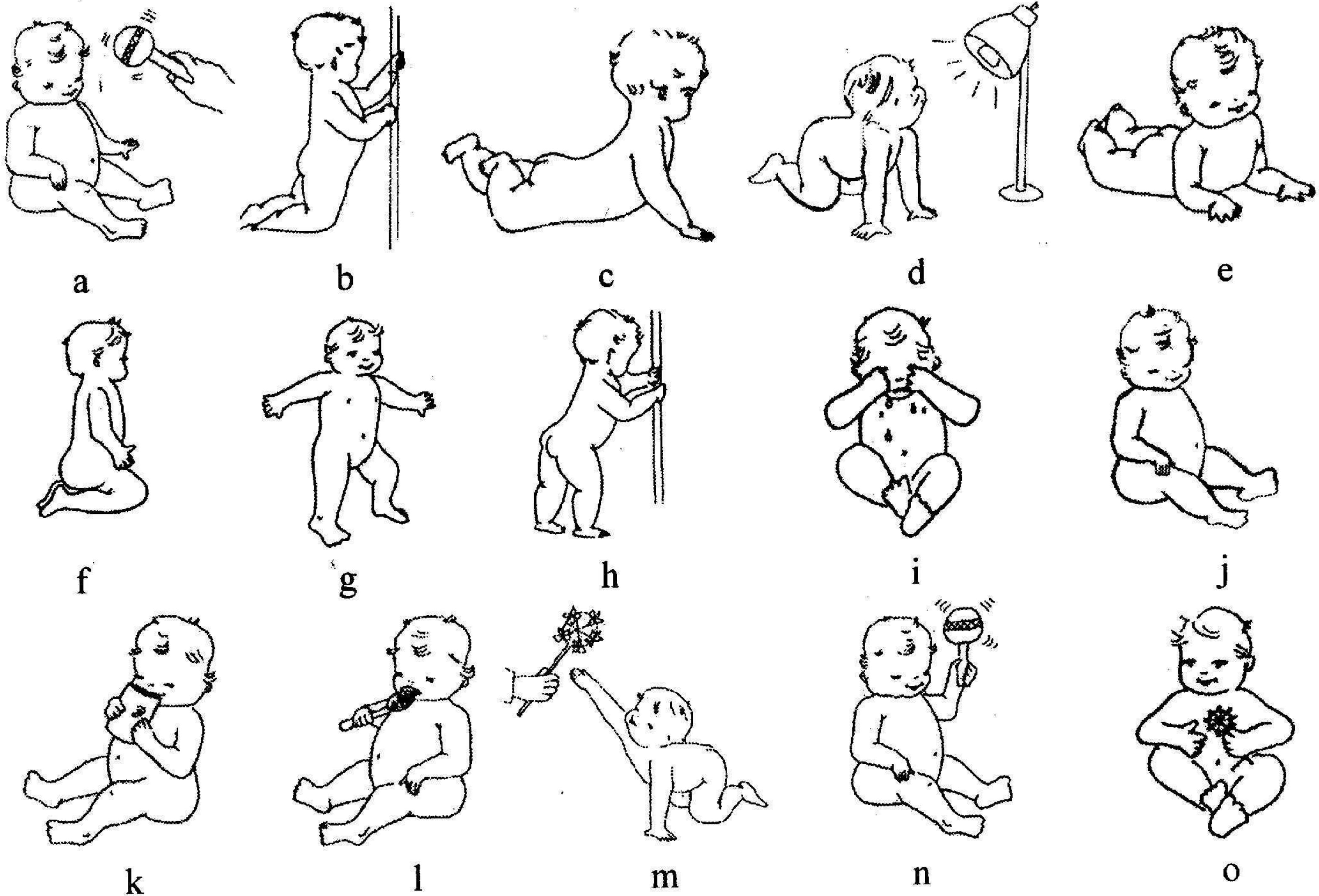
a) quantity of milk	.....
b) frequency of feeding	.....
c) duration of feeding	.....
d) length of breastfeeding	.....
e) time of weaning	.....
f) type of food	.....

4/6 PSYCHOMOTOR DEVELOPMENT

1  When examining for psychomotor development, which areas will the doctor ask questions about?

.....

2  As you listen to the doctor's questions concerning psychomotor development and vocalisation (4/6). Number the pictures.



3 Look at the pictures again and practise asking about these things.

4 Write in the questions asked concerning the areas mentioned in the table below.

- a) vision
- b) voice
- c) hearing
- d) physical movement

..... *Does he turn to the light?*

.....

.....

.....

4/7 INFANT COMPLAINTS

1  While you listen to dialogue 4/7, note the mother's concerns about her child.

.....

2 Complete the sentences below and practise using the doctor's expressions.

- a) I gather that you have some concerns about.....
- b) Having a look at James.....
- c) I feel quite happy that.....
- d) I think what's probably happening is
- e) I would advise that you

3 Using the information in the dialogue and the expressions you have learnt, give advice to the mother on the following topics.

- a) what you found
- b) his problems
- c) advice

FEBRILE CONDITION

1  **Before listening to the recording, list the possible ways of reducing fever in babies.**

.....

2  **As you listen to dialogue 4/8 write in the missing adjectives in the text and then give synonyms for each.**

M: Doctor, I'm very worried about James because he seems to have a (a)..... temperature and I can't get it to settle.

D: Do you know how high his temperature is?

M: Not exactly.

D: What measures have you taken to try and get his temperature down?

M: Well, doctor, I've tried a number of things. I took his clothes off, and gave him some Calpol and I also tried sponging him with (b)..... water.

D: Well, that's quite the (c)..... approach. If you could slip James's clothes off I'll just have a (d)..... look and see if we can establish the cause of his temperature...

Well, that didn't take long to establish. I'm afraid James has tonsillitis, which is certainly a (e)..... cause for his temperature. So, what I'll do is I'll give you an (f)..... syrup. Give him one teaspoonful three times a day and that should settle it. I'd like you to give him the full course so carry on giving him the teaspoonful three times a day until the bottle is finished.

3 After listening to the dialogue, answer the following questions.

- a) What kind of measures has the mother taken to get her baby's temperature down?
- b) What's the cause of his temperature?
- c) What does the doctor prescribe?
- d) How long should the medicine be administered?

4/9 PYLORIC STENOSIS

1  Listen to the dialogue on pyloric stenosis (4/9) and find the details from the dialogue.

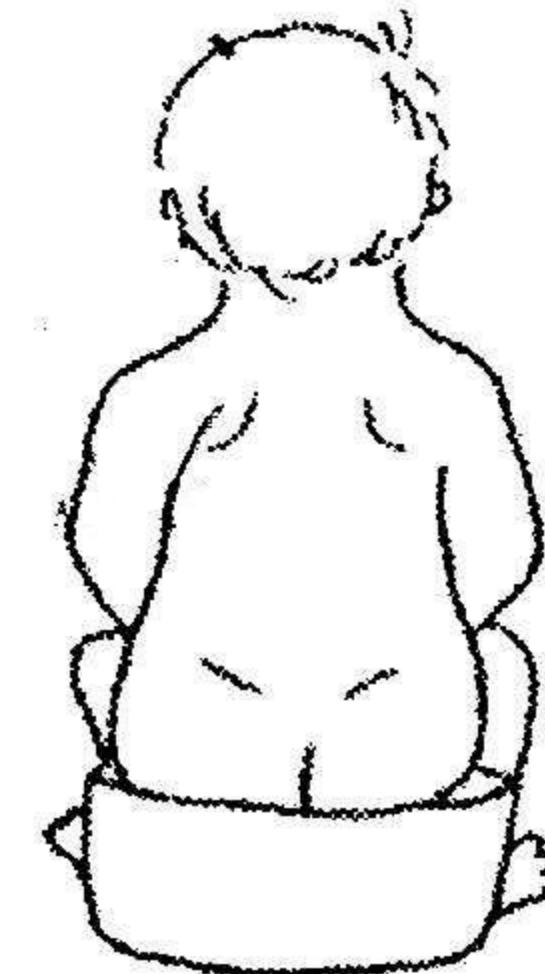
- a) vomit
.....
.....
.....
- b) vomitus
.....
.....
.....
- c) behaviour, mood
.....
.....
.....
- d) stool
.....
.....
.....

2 Find synonyms for the following phrases from the dialogue.

- a) projects the vomit across the room
.....
.....
.....
.....
- b) vomit
.....
.....
.....
.....
- c) small operation
.....
.....
.....
.....
- d) exit of the stomach
.....
.....
.....
.....
- e) overgrowth of the muscles
.....
.....
.....
.....

3 On the basis of the dialogue tell the mother about James's condition.

- a) What can you feel?
.....
.....
- b) Where is it?
.....
.....
- c) What is it indicative of?
.....
.....
- d) What other problems does it cause?
.....
.....
- e) What treatment do you suggest?
.....
.....

**4/10 DIARRH(O)EA**

1  Listen to dialogues 4/10/A and B and compare the two types of diarrhoea. Complete the table.

	A	B
associated symptoms		
characteristics of the stool	<i>watery</i>	
treatment		<i>gentle diet</i>
cause		

2 Listen to the dialogues again and note the doctor's questions concerning the following:

a) frequency
 b) consistency
 c) fluid intake

3 Listen to the dialogues again paying attention to the polite phrases the doctor uses to explain the diagnosis and suggest further tasks. Complete the statements below.

a) First of all I'll have a little look at
 b) I think he's probably not been keeping fluids in
 c) Well, it's all very reassuring, I can't find anything very wrong looking at
 d) I think what's probably happened is, he's got
 e) What would be a sensible thing to do, would be to collect
 f) What we'll need to do is to set up
 g) Well, the important thing is to make sure that he has

4 11 ASTHMA (Obstructive bronchitis)**1 ♫ Listen to dialogue 4/11 and tick the symptoms of asthma mentioned.**

a) frequent chesty colds b) coughing and wheezing c) night coughs
 d) a tight feeling in the chest e) breathlessness after normal exercise

2 Explain what the following expressions mean.

a) choke b) every now and then c) present episode
 d) it'll settle on its own e) lose time from school

3 Listen to the dialogue again and find out about:

a) the onset of coughing b) choking
 c) similar previous episodes d) relationship to season
 e) cause f) possible connection with exercise or animals
 g) previous treatment

4 12 ACCIDENTS**1 📋 Before listening to the dialogues, answer these questions.**

a) What are common accidents among children?
 b) Where do they occur?
 c) What is the first thing to do?
 d) Which of these do you think is the most frequent?

2  Listen to the following three dialogues (4/12) on accidents involving children and complete the table.

	What happened?	How did it happen?	What action is to be taken?
A	<i>fell off the ladder</i>		
B			
C			<i>wash out his tummy</i>

3 Listen to the dialogue again and complete the following sentences giving alternative advice about childhood accidents.

- a) I think what we need to do is to
- b) I think the safest thing to do would be to
- c) I think it would be wisest for us to

4/13 MENINGITIS

1  Before listening to the recording, indicate which symptoms are typical of meningitis.

- a) drowsiness b) headaches c) earache d) stiff neck e) lumpy muscles f) fever

2  Listen to the dialogue (4/13) and decide which symptoms the child has.

3 Find the synonyms used in the recording for these expressions.

a) rule out meningitis	b) bend his neck forward
c) it's quite simple	d) spinal tap
e) it shouldn't be too unpleasant	f) to begin the required treatment

4 Match up and complete the sentences below.

a) It's straightforward to exclude	A whether it is meningitis that we are dealing with.
b) We'll do a lumbar puncture	B we will start the appropriate therapy.
c) It's quickly performed	C whether he has got meningitis.
d) It'll tell us quickly	D so it should not be too upsetting for him.
e) If it is meningitis	E which is quickly undertaken.

4/14 FEBRILE CONVULSION

1  Before listening to the dialogue, read through the questions regarding febrile convulsion. Two of the questions are not asked in the text. Circle the two questions you think are unrelated to febrile convulsion.

- a) Had he been unwell before this?
- b) Which part of his body was involved in the jerking?
- c) Was it his whole body or only one side?
- d) When did his diarrhoea start?
- e) Did his colour change?
- f) Did he seem to have any difficulty (with his) breathing?
- g) How much weight has he gained since last week?
- h) How long do you think the episode lasted?
- i) Did he wet or soil himself?
- j) Did he have a cold and a temperature?
- k) Does anyone else in your family have anything similar?

2 9 When you have completed the previous task, listen to 4/14/2 and repeat the doctor's questions.

3 9 Now listen to dialogue 4/14/3 and give advice to a mother on how to reduce fever. Use the following expressions:

keep temperature down, fits accompanied by fever, overdress, tepid water, sponge down, Paracetamol

4.15 HENOCH-SCHÖNLEIN PURPURA

1 Listen to dialogue 4/15 and fill in the table.

	symptoms noticed	symptoms not noticed
skin		
abdomen		
urine		
stool		

2 On the basis of the dialogue ask questions concerning the following:

- a) location of rash
- b) onset of rash
- c) nature of rash
- d) colour of urine
- e) abdominal discomfort
- f) blood in stool
- g) swelling

4.16 BEDWETTING

1 Before listening to the dialogue, discuss the causes of

- a) regular bedwetting
- b) a sudden incident of bedwetting

2 Listen to 4/16 and find the details from the dialogue.

- a) onset
- b) duration
- c) parents' efforts

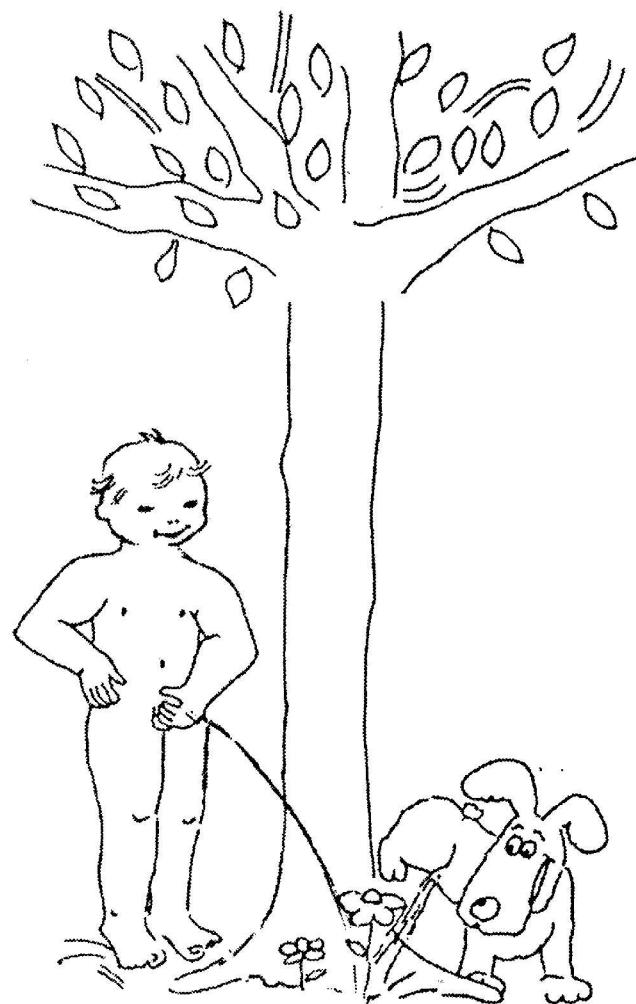
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Unit 5

UROLOGY

Contents

- 1 BENIGN PROSTATE HYPERPLASIA
- 2 ADVANCED STAGE OF BPH
- 3 CHRONIC INTERMITTENT PROSTATITIS
- 4 PROSTATECTOMY
- 5 CYSTITIS
- 6 CYSTOSCOPY
- 7 RENAL STONE
- 8 INFERTILITY EXAMINATION



5/1 BENIGN PROSTATE HYPERPLASIA

1  Below is a list of words which are connected with water. Tick the ones a patient might use when talking about their urinary system.

a) stream	b) wave	c) trickle	d) pass water
e) drizzle	f) canal	g) leak	h) dribble

2  As you listen to dialogue 5/1, make notes of the patient's replies on the following topics.

a) frequency	.....
b) difficulty starting	.....
c) difficulty stopping	.....
d) stream	.....
e) quantity of urine	.....
f) burning, stinging sensation	.....
g) change in colour	.....
h) fluid intake	.....<i>normal</i>

3 How does the doctor ask about the patient's...

a) urinary problems	.....
b) frequency of urination	.....
c) commencement of urination	.....
d) ceasing of urination	.....
e) type of stream	.....
f) quantity of urine	.....
g) sensation	.....
h) change in colour of urine	.....
i) fluid intake	.....

5/2 ADVANCED STAGE OF BPH

1  Before listening to dialogue 5/2, complete the questions below using the verbs from the box.

begin	come away	dribble	dribble on	empty	hold on
leak	pass	passing	stop and start	take	.

a) Can you.....	until you get to the toilet?
b) Does it ever	before you reach the toilet?
c) Does it	some time to begin?
d) Do you	quite quickly?
e) Does it	with good force?
f) Does it	when you are passing water?
g) Does it	at the end?
h) Does it continue to	after you pass water?
i) Do you feel you	your bladder fully?
j) Do you feel you need to	water again?
k) How frequently are you	water at night?

- 2  Listen to the dialogue and check your answers.
- 3 Do you think that the patient's problem in dialogue 5/2 is more serious than that in 5/1? Upon what evidence is your decision based?

5/3 CHRONIC INTERMITTENT PROSTATITIS

- 1  Read the GP's referral and write at least five symptoms the patient may have given.

This patient has a history of chronic infection in his prostate with continuous discomfort. I think he may be suffering from chronic prostatitis. I would be glad if you could give me some further advice on his management.

- 2  Listen to dialogue 5/3 and note the symptoms mentioned by the patient.

- 3 Find the questions in the dialogue which mean the same as those below.

a) Has your urine stream changed in force?	.....
b) When you feel you want to pass water, do you feel you have to go straight away?	.....
c) When you are passing water, do you find that the flow is intermittent?	.....
d) Do you find a bit more urine trickles out?	.....
e) Do you feel your bladder is completely empty after you've passed water?	.....
f) How many times do you usually have to get up in the night to pass water?	.....

- 4 Pay attention to the way the urologist explains the massage of the prostate and fill in the gaps.

Now we'll massage the prostate and if there is any (a)..... discharged from your (b)..... we'll collect it and send it off to the lab for an (c)..... to see if there is any infection in it. What I'm going to do is (d)..... the urethra which is the (e)..... of the inside of the penis. This will be a little (f)..... but will not last very long.

- 5 Read this letter the urologist wrote to the GP after examining the patient. On the basis of this referral write a dialogue between the patient and the urologist.

Dear Dr Barnes,

Thank you for referring this man to the out-patient clinic today. He gives a history, as you say, of chronic relapsing prostatitis. In the first instance I examined him and took samples of urine for analysis and undertook prostatic massage. I managed to obtain a small amount of discharge which I have also sent to bacteriology. I will see him again in 3 weeks' time in the clinic when I have the results of his investigations. I will keep you informed.

Yours sincerely,

Dr Griffin

5/4 PROSTATECTOMY

1  Before listening to how the urologist prepares the patient for prostatectomy, tick the topics you think he will touch upon.

- a) aetiology of the disease
- b) number of children in the family
- c) necessity of operation
- d) tests necessary before the operation
- e) the patient's wife's diseases
- f) operative techniques
- g) diet after the operation
- h) the patient's sex life after surgery

2  Listen to recording 5/4 and check your answers.

3 Listen to the recording and gather the following information:

- a) preoperative tests
- b) postoperative advice
- c) postoperative abstinence
- d) likelihood of fathering children

4 Listen to the recording again and note the periods of time mentioned when referring to the following events:

- a) removal of the tube
- b) urination
- c) hospital discharge
- d) sexual intercourse

5 Listen to the doctor's explanation again and complete the statements below.

- a) The prostate quite often enlarges and causes
- b) You will have a few tests before your operation, like
- c) You will speak to the anaesthesiologist who will decide on
- d) There are two ways of removing the prostate:
- e) You can have intercourse a few weeks after the operation but

6 Using the prompts below give five pieces of advice to a patient who has undergone prostatectomy.

- a) drink large quantities
- b) tea, coffee, squash, water
- c) fizzy drinks
- d) constipation
- e) safe contraception

5/5 CYSTITIS

1  You will hear these expressions in the dialogue. Choose the correct meaning.

a) **It can floor me**

- A I can't stand up
- B It makes me very ill
- C I have to lie down

b) **I have had a bad bout of infection**

- A a complicated recovery after the disease
- B a problem fighting the disease
- C a severe attack of the disease

2  Listen to dialogue 5/5 and note the patient's answers to queries on the following topics.

a) urination
.....

b) frequency
.....

c) colour change
.....

d) general health
.....

e) medication
.....

How many tests are mentioned in the dialogue?

3 Below are a patient's answers to questions about cystitis. Write the questions which elicit each answer.

D:

P: I have to keep urinating all the time and I have a burning and stinging sensation when passing water.

D:

P: It doesn't happen all the time, Doctor, but it keeps coming back every few weeks.

D:

P: Yes, it's cloudy and sometimes there is blood in it.

D:

P: Yes, it's often cloudy when I'm feeling ill.

D:

P: Normally, I'm very fit and healthy except for this problem.

4 Give the first part of each of the instructions to prepare the patient for physical examination.

a) examine your abdomen.

b) get undressed.

c) get up on the table.

5 Pair up the type of examination with the purpose for which it is carried out.

a) X-ray

A visualise the kidneys and the bladder without radiation

b) ultrasound

B inspection of the inside of the bladder

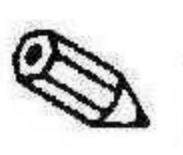
c) cystoscopy

C to assess the renal tract

6 Listen to recording 5/5 again and complete the text.

Now about the tests. I'll send some of your urine off (a) in the lab (b) if there's any infection present. We would advise you (c) to drink plenty of fluids and (d) any antibiotics that your own doctor prescribed for you. (e) routine X-rays and an ultrasound scan to assess the renal tract further. An ultrasound scan is a simple scan and (f) any radiation. It involves you attending the X-ray department for a few hours and (g) your tummy with a probe (h) to visualise the kidneys and the bladder. It's not a painful or unpleasant procedure. Once we have all these tests, we (i) to have an inspection of the inside of your bladder. We call it a cystoscopy.

5.6 CYSTOSCOPY

1  Before listening to the dialogues discuss these questions.

- a) What is a cystoscopy?
- b) How often is a cystoscopy carried out?
- c) Do patients need to be hospitalised for a cystoscopy?
- d) What type of anaesthetic is used?
- e) What is a flexible cystoscope?

2  Listen to the three explanations (5/6/A, B and C) and write down the phrases used which have the same meaning as the following:

- a) inspect the lining of the bladder
- b) we'll bring you into the hospital
- c) under general anaesthesia

3 After listening to the doctor's explanation, use the keywords below to explain to the patient how a cystoscopy is performed and why.

hospital admission → anaesthesia → insertion of a tube → inspection → biopsies

5.7 RENAL STONE

1  Before listening to the dialogue, read the following referral and write down the questions you would ask a patient about the phrases underlined.

This patient has had a history of (a) right-sided loin discomfort which (b) radiates round the flank and into the groin. He may in fact have a renal stone. On testing his urine, he has had some (c) microscopic haematuria but he has had (d) no frank haematuria.

2 Before listening to the doctor's explanation, say which areas he will examine on a patient who has been referred for renal stone.

a) abdomen b) genitalia c) lungs d) prostate e) heart f) anus g) back

3  Listen to the dialogue (5/7). You will hear the following words in the dialogue. Give synonyms or explain what they mean.

a) nagging pain
 b) groin
 c) grit

4 After listening to the dialogue, write how the urologist asked about the following:

a) onset of the symptoms
 b) history of urinary stones
 c) location of pain
 d) radiation of pain
 e) nature of pain
 f) associated symptoms
 g) severity of pain
 h) urine

5 Listen to the recording again and write down all the doctor's comments which could be placed under the following three headings.

Informing the patient about the next step	Informing and warning the patient of possible discomfort	Reassuring remarks
<i>I'll examine your abdomen.</i>	<i>That might be uncomfortable.</i>	<i>That feels fine.</i>

5/8 INFERTILITY EXAMINATION

1  Before listening to the doctor's explanation, read the referral below and put the verbs into the correct form.

This couple (a) /marry/ now for five years and (b) /try/ to have a family for four years. They (c) /be/ unsuccessful and (d)..... /not achieve/ any pregnancy. I (e)..... /be/ grateful for your assistance.

2 Before listening to the doctor's explanation of the test, complete the text using the words from the box.

after apart at away by for in in order to into of off on to under with

Now I'd like to get a blood sample (a) hormone levels which will be sent (b) to the lab, and we'd like to get a semen sample (c) analyse it (d) the microscope (e) the lab. What I'd like you to do is to take these two pots (f) and (g) 3 days (h) not having any intercourse, put a sample (i) this pot (j) masturbating not using a condom (because the condom influences the sperm count) and then bring it (k) this lab fresh (l) the same morning (m) collection. We usually have two samples, one week (n) and thereafter we'll see you back (o) the clinic (p) a couple (q) weeks' time to see you (r) the results.

3  Listen to the recording (5/8) and check your answers.

4 Listen again to the doctor's explanation and indicate whether the following statements are true or false.

- a) If the patient has a low sperm count, testicular biopsy is not recommended.
- b) For testicular biopsy the patient needs to be hospitalised.
- c) Testicular biopsy is performed under a local anaesthetic.
- d) Testicular biopsy is a painful procedure.
- e) A testicular biopsy is not always necessary.

5 After listening to the doctor, ask similar questions to those in the questionnaire concerning the following:

- a) frequency of sexual intercourse
- b) duration of marriage
- c) previous infections of the urinary system
- d) army service
- e) previous medical investigations
- f) previous operations on the external genitalia
- g) STD

Unit 6

EAR, NOSE and THROAT

Contents

- 1 EXAMINATION OF THE EAR
- 2 DEAFNESS
- 3 PATIENTS' COMPLAINTS
- 4 TINNITUS
- 5 WAX PLUG IN THE EXTERNAL EAR
- 6 OTITIS EXTERNA
- 7 OTITIS MEDIA
- 8 FOREIGN BODY IN THE NOSE
- 9 NOSEBLEEDS
- 10 SINUSITIS
- 11 DEVIATED NASAL SEPTUM
- 12 PHARYNX-LARYNX EXAMINATION
- 13 CANCER OF THE LARYNX
- 14 FOREIGN BODY IN THE PHARYNX
- 15 TRACHEOSTOMY TUBE CHANGE
- 16 GOOD AND BAD NEWS



1 EXAMINATION OF THE EAR

1  Which three things does the doctor look for when examining the ear externally?

.....

2 Indicate which instruments the doctor uses when examining the ear externally.

a) kidney basin / bowl	b) speculum	c) light
d) forceps	e) magnifying otoscope	f) balloon

3 Explain the purpose of the above instruments.

4  While you listen to the doctor in 6/1/A, complete the following table.

I am ... ing	where?	to find ...
	<i>in front</i>	
		<i>scars</i>
<i>look for</i>		

5 Finish the following sentences.

I'm going to	pull	(a)	<i>...this part of your ear out.....</i>
	look	(b)	<i>.....</i>
	puff	(c)	<i>.....</i>
	have	(d)	<i>.....</i>

6 Listen to the recording again and give a similar explanation to your patient. Here are some guidelines to help you.

- Ask the patient's permission to examine her ear.
- Tell the patient what you are looking for and where.
- Inform the patient what procedures you are going to follow.

7  How does the doctor perform a voice test? Listen to 6/1/B. How are the following expressed in a different way?

- I'll cover your eyes
- I'll block the other ear

8 Complete the sequence of the voice test given.

<i>call out numbers</i>	→		→		→
	→		→		

6/2 DEAFNESS

1  Think of three possible practical inconveniences a deaf person has to face and write them here.

.....
.....
.....



2  Listen to dialogue 6/2/A, then write down any other inconveniences the patient mentions.

3 You heard these expressions in the dialogue. Choose the correct contextual meaning.

a) I am all right one to one.

A I am well every other day.
B I understand when someone is speaking directly to me.
C I understand other people when they speak one by one to me.

b) I am useless in a crowd.

A I'm afraid when I'm with other people.
B I can't fight effectively in a crowd.
C I can't hear anything when a lot of people are speaking together.

c) I've had it.

A I am claustrophobic.
B I'm finished.
C I was born deaf.

THE DEAF CHILD

5  Listen to the dialogue between the doctor and a mother (6/2/B). Give short answers to the questions.

a) How old is the baby?

.....

b) What sex is the baby?

.....

c) What stage has the baby's speech reached?

.....

d) Which childhood illnesses has the baby had?

.....

e) In which department does the conversation take place?

.....

6 Find out how the doctor inquires about the following.

a) Does he respond to you?
 b) Does he recognise you?
 c) Is it hereditary?
 d) Were there any complications at birth?

7 Listen to the dialogue again and complete the following summary.

Mother comes to the (a) department with her six-month-old (b) She is (c)..... because he does not seem to hear (d) She (e)..... that her great grandmother was deaf. (f)..... the baby was born ten weeks (g)..... he appears normal.

3 PATIENTS' COMPLAINTS

1  Indicate which expressions you think you will not hear among the complaints.

My ears are

a) running b) ringing c) stiff d) clogged e) blocked f) dripping g) bleeding

2  You will hear eight patients complaining of ear problems. While you listen to the recording, fill in the table.

P:	CAUSE	SYMPTOMS	DURATION	NAME OF DISEASE
1		<i>clogged ears</i>		acute otitis media
2				inflammation of the external ear canal / wax plug
3	<i>rugby</i>			ear drum perforation
4			<i>unknown</i>	ear drum perforation
5			<i>a week</i>	ear drum perforation
6				sensoneural hearing loss / tinnitus
7				acute otitis media
8	<i>scarlet fever</i>			chronic otitis media

6/4 TINNITUS

To revise your vocabulary, review the unit on vertigo in Internal Medicine.

1  Before listening to the dialogue about tinnitus, put the verbs into the correct form. Then listen to the recording and compare your choice with ours.

P: My ears (a) (always, ring) day and night.

D: Which is your bad ear?

P: My right ear (b) (hurt).

D: (c) (it run) as well?

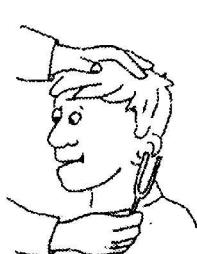
P: Yes, and my hearing's been very bad while it (d) (run).

D: (e) (hear) noises in your ears?

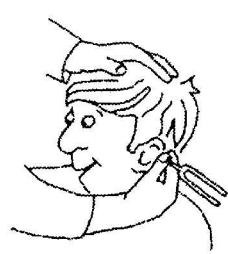
P: Yes, I've got ringing in my right ear.

D: (f) (you, have) it all the time?

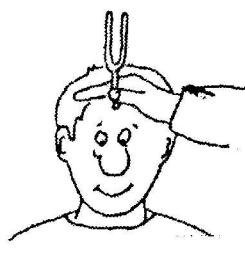
2  Listen to the dialogue 6/4, then number the location mentioned.



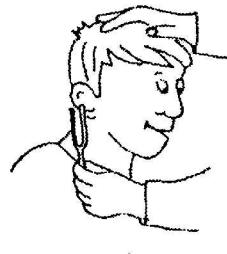
a



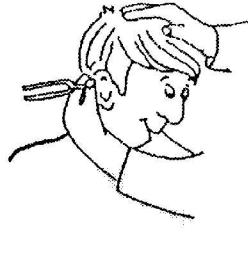
b



c



d



e

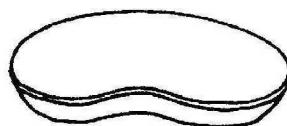
3 Look at the pictures above. For each picture explain to the patient what you are doing and ask appropriate questions.

4 Now listen to the tape again and act out the dialogue using the prompts below.

Doctor	Patient
Make general inquiry	complain of ringing
Find out the site of pain	right ear
Find out duration of pain	two weeks
Find out nature of noise	high-pitched, whistling
Inquire about discharge	right side
Inquire about dizziness	positive response
Ask about nature of dizziness	spinning and complain of nausea
Ask if it is accompanied by a headache	positive response
Prepare patient for examination, explain purpose and procedure of test	

6/5 WAX PLUG IN THE EXTERNAL EAR

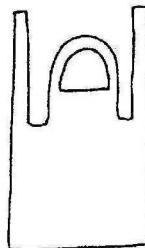
1  In the dialogue you will hear the names of these instruments. Do you know what they are? How are they used when wax is removed?



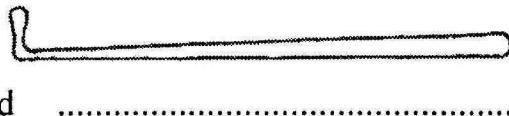
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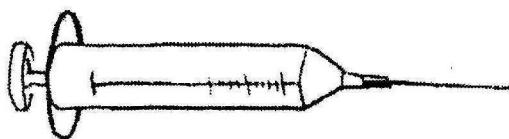
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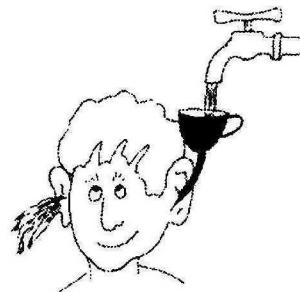
d



e

2 The doctor is going to remove a wax plug from the ear. In what order will he give these instructions? After listening to the recording (6/5), check to see if you are correct.

- Now you will feel some tickling and itching.
- Put your head on the pillow.
- I'm using a little hook to get the wax out, here it comes.
- Lie down on this couch under the microscope.
- I'm focusing the microscope on your ear.
- Turn slightly away from me.
- I'm putting a speculum in your ear.



3  Listen to the doctor again and complete the summary.

This wax is too hard (a) get out now. You will have to put some (b)..... or olive oil from the supermarket in your ear. Warm it (c)..... before you put it in your ear and come back next week. (d) the wax out. Well, the wax looks (e), so we'll syringe it. Now lean slightly over, put this apron around you (f) get wet, and I'll put this kidney basin under your ear. I'll (g) this big syringe right to the top. I'll put a nozzle into the upper part of your ear, the water is warm, so you (h) dizzy, here we go.

6 OTITIS EXTERNA

1  You will hear these expressions in the dialogue. Choose the correct meaning.

- Keep poking it.
A Keep scratching.
B Constantly touch it.
C Continuously wash it.

- You have bugs in your ear.
A You have insects in your ear.
B He sent him off with a flea in his ear.
C You have bacteria in your ear.

c) You've got boils.
 A You have burnt your ear.
 B You've got a hard poison swelling.
 C You have sand in your ear.

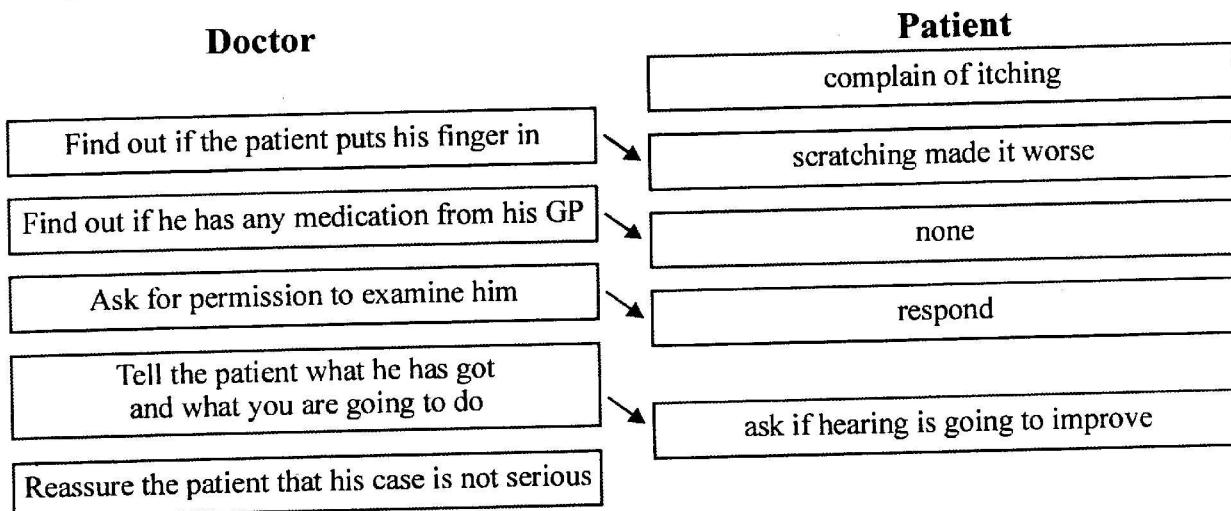
e) I'll see if they have come to a head.
 A if they have increased in size
 B they have spread to your scalp
 C brought the infections to a point on the surface

d) We'll put a dressing in to draw it out.
 A to localise it on the surface
 B to stop the germs getting in
 C to take an X-ray of it

f) We'll make a nick.
 A give an injection
 B make a small incision
 C wash it out

2  Listen to dialogue 6/6.

3 Use the flow chart to make up a dialogue.



4 Listen to the dialogue again and sum up for your patient.

a) what otitis externa is
 b) what it is caused by
 c) which part of the ear is involved
 d) how you are going to treat it

6/7 OTITIS MEDIA

1  Listen to and complete the dialogue about acute otitis media.

D: You've got an (a) (b) behind your ear drum. We'd like to (c) What we'll do is put (d) in your ears, an anaesthetic, let it work for half an hour and then we'll (e) in your ear drum (f) the pus out.

6/8 FOREIGN BODY IN THE NOSE

1  Before listening to the dialogue, write down the names of a few objects you think children put up their noses.

.....

2  Listen to dialogue 6/8 and give very short answers to these questions.

a) How old do you think the patient is?

b) Is the patient male or female?

c) Where is the patient sitting during the procedure?

d) Which instrument is the doctor using during the procedure?

e) What is the patient's presenting symptom?

3 Listen to the dialogue again and select four phrases from the dialogue which the doctor would only use with a child.

.....

.....

.....

6/9 NOSEBLEEDS

1  Suggest some causes of nosebleeds.

.....

2  Listen to dialogue 6/9/A and select the expressions the doctor uses to reassure the patient.

very good,

3 Decide whether the following statements are true or false for patient A.

a) The patient gets a nosebleed when he blows his nose too hard.
b) Sometimes it happens to him without blowing his nose.
c) The patient has broken his nose, that's why he has nosebleeds so often.
d) The patient bruises quite easily.
e) The patient has serious hypertension which results in frequent nosebleeds.
f) The patient has some weak blood vessels in his right nostril.
g) The doctor wants to cauterise the weak blood vessel.

4 Listen to the doctor again and classify his statements by writing the numbers under the appropriate heading.

- 1 Ah, you're bleeding slightly now from that weak point.
- 2 Good. Let me see your nose again.
- 3 Has the taste gone?
- 4 I'll hold this stick on it for a minute, good, it's stopped.
- 5 I'm going to touch this area with this stick.
- 6 I'm putting this speculum in.
- 7 It doesn't taste very good.
- 8 It'll be weak for a few days.
- 9 Now I'm going to spray this area with some local anaesthetic.
- 10 Now wait a couple of moments.
- 11 There are a few other areas I'll do the same.
- 12 Open your mouth and breathe through your mouth while I do it.
- 13 Put some Vaseline in your nose over this area for the next week while it heals
- 14 So don't blow your nose too hard.
- 15 We can cauterise it.
- 16 We've cauterised your nose here, we've made a scab where it was bleeding.

Keeping verbal contact with patient (A)	Giving some sort of professional information to patient (B)	Giving instructions to patient (C)

5 After listening to the second dialogue (6/9/B), explain to the patient the treatment he will receive to stop a serious nosebleed.

Key words: speculum, suction, blood clot, bandage, ribbon gauze, bolster

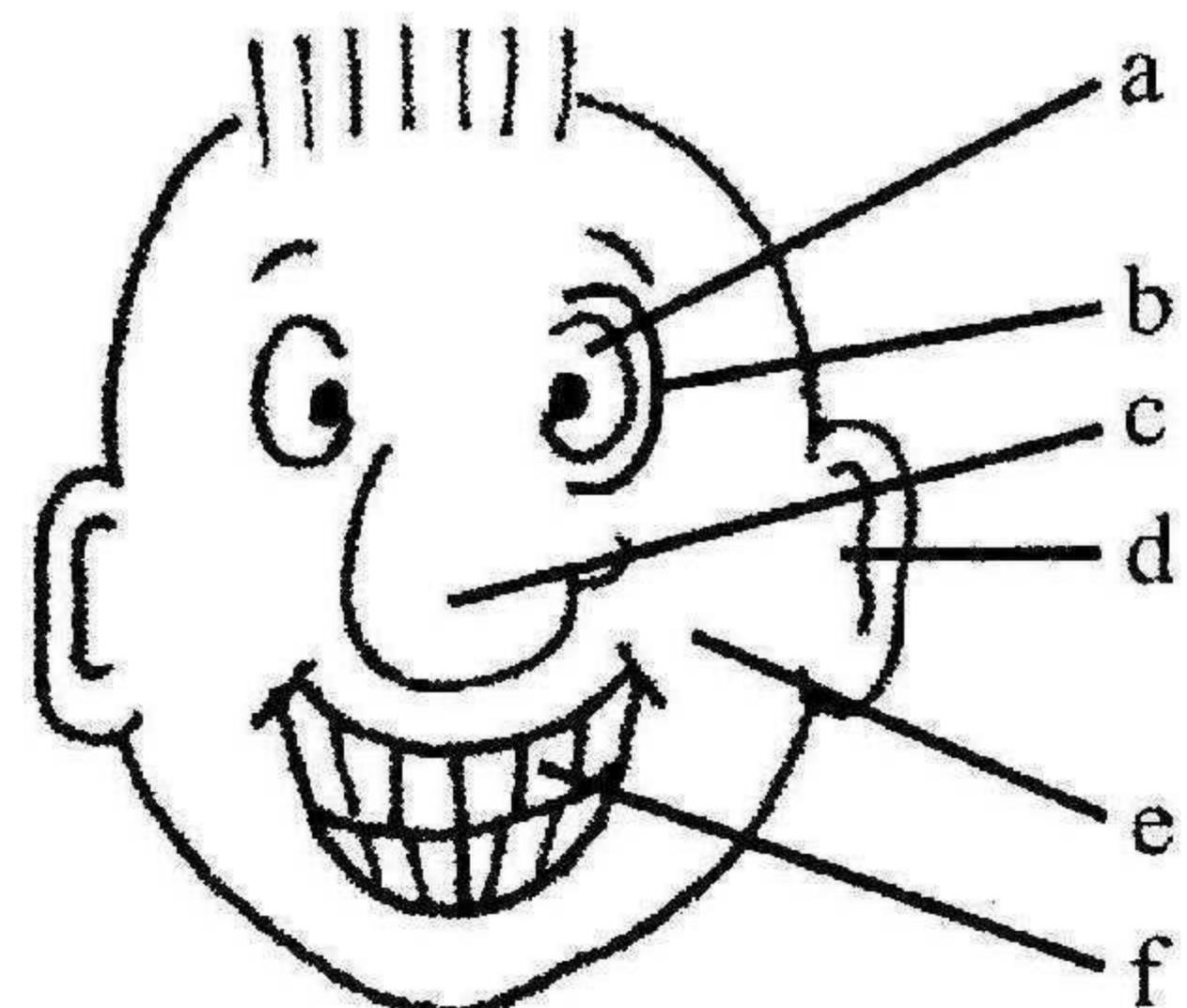
6/10 SINUSITIS

1  Listen to the doctor's explanation of the treatment where an ENT specialist instructs medical students (6/10/A). Write in the missing words. Listen to the text as many times as you feel necessary.

D: I've got the patient sitting on a chair (a), breathing through his mouth. I'm using the Bull's eye lamp, shining it on my (b) focused on his nose. We're going to perform (c) of the antrum using a Tilley-Lichtwitz trocar and cannula. We've prepared the nose with a local anaesthetic using 25% (d) on a cotton wool, on a silver cocaineising (e) If the patient should faint, the silver will (f) as they collapse, which is why we use silver (g) The local anaesthetic has been there for some ten minutes to (h) the mucosa in the inferior meatus and also for local anaesthesia. He's now got some anaesthesia (i) the antero-superior alveolar nerve. It's numb over the incisor and canine teeth on that side so we'll remove the cocaineizing wire. Now, holding the nostril open with the speculum in my left hand, I'm passing

the (j) and cannula under the inferior meatus. The meatus's (k) is somewhat curved so I'll pass it back until I feel resistance and I pull back slightly, turn the point towards the tragus of the ipsilateral ear and I'm entering the antrum with a slight (l) action. I've put my index finger out to stop me from penetrating too far. Then I enter the antrum, now I'll advance (m) further, pull back the trocar until the tip of the cannula is in the middle of the antrum. First, we'll (n) pus using an ordinary 10 ml syringe. Now we've taken a specimen of pus and we'll send it for microscopy—culture and sensitivity. Now we're going to (o) the antrum using the Higginson's syringe. We put some warm water in a basin. The Higginson's syringe is a rubber syringe with a central bladder, and (p) at both ends which we'll attach through an Iver-lock connector to the cannula, and we'll place the (q) in the water. Then pumping the bladder, the sinus is irrigated. We are using suction from the hospital supply to (r) excess fluid as it returns.

2  While you listen to the patient's complaints (6/10/B), indicate the order of how the sites of pain are mentioned in the diagram.



3 After listening to the dialogue, tell your patient

- a) based on the X-ray what your diagnosis is
- b) what you will do
- c) explain about the local anaesthetic
- d) where you will apply it and for how long

4 Here are some statements from the previously described sinus wash out. Listen to the doctor's explanation and remember how he put theory into practice. Write down some of the equivalent statements from the dialogue.

- a) I've got the patient sitting on a chair upright, breathing through their mouth.
- b) I'm using the Bull's eye lamp, shining it on my head mirror focused on their nose.
- c) We've prepared the nose with a local anaesthetic using 25 % cocaine paste on a silver cocainising wire.
- d) I am entering the antrum with a slight boring action.
- e) First we'll aspirate pus using an ordinary 10 ml syringe.
- f) We are going to irrigate the antrum.

6/11 DEVIATED NASAL SEPTUM

1  Before listening to the dialogue, tick the **complaints which are typical of a deviated nasal septum**.

- a) I cannot breathe out of my left/right nostril.
- b) I snore.
- c) My mouth is terribly dry.
- d) I've got some pus running out of my nose.
- e) I can't smell.
- f) My eyes run.

2  Listen to the doctor's explanation and complete the sentences.

- a) I'd like to your nose.
- b) on the other side.
- c) Now I'll shine this light up your
- d) I'll hold your nostril open with this
- e) You've got a nasal septum.
- f) This part of your nose is
- g) Instead of being straight it is
- h) The twist is you on the left side.
- i) We can with an operation.
- j) If you agree, we'll you into hospital the day before the operation.

3 Concentrating on how the operation is explained, say whether the following statements are true or false.

- a) The patient will be discharged from hospital the day after the operation.
- b) The operation is done under local anaesthesia.
- c) The patient will have a bandage up both nostrils for a week.
- d) The patient asked for the doctor's advice on whether to undergo the operation or not.
- e) The doctor promised that the operation would improve the patient's condition.

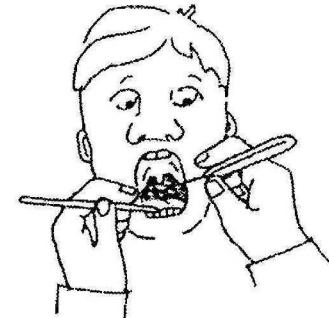
4 On the basis of the dialogue, summarise the following for your patient.

- a) a deviated nasal septum
- b) its treatment
- c) hospitalisation
- d) operation

6/12 PHARYNX - LARYNX EXAMINATION

1  Before listening to the doctor's instructions, arrange the statements below in the order you would expect to hear them.

- a) I'll warm this mirror slightly on the Bunsen burner.
- b) I'd like to look down your voice box with this mirror.
- c) It's not hot, you can see that.
- d) Keep your tongue down and say "hay".
- e) Let me hold it with this swab.
- f) Open your mouth wide.
- g) Put your tongue out.



2  Listen to the recording (6/12/A) and repeat the doctor's sentences.

3 Read the patient's complaint. Explain exactly what you are doing as you examine him using the expressions from the previous dialogue. Explain your diagnosis of laryngitis giving advice on future behaviour (smoking, drinking, eating, speaking). Then listen to the recording (6/12/B) and compare your version to ours.

Every day when I wake up, my mouth's dry and I can't talk. I have to have a few drinks or something to get my mouth working. As the day goes on, my voice tires as well and I get hoarse.

6/13 CANCER OF THE LARYNX

1  Make a list of the things the patient should avoid if he has problems with his larynx.

.....

2  Listen to the dialogue, then indicate what the doctor actually says.

- a) I'm not certain what the problem is.
- b) There is a problem with your voice box.
- c) This could be a malignant growth.
- d) You have not been taking care of your throat.

6/14 FOREIGN BODY IN THE PHARYNX

1  Put these sentences in the order you hear them. Then classify them by writing the letters under the appropriate heading.

- a) I'll put these forceps in.
- b) Now hold steady and breathe through your mouth.
- c) Ah, there is a fish bone in your tonsil.

- d) I am shining this light in.
- e) Let me put this tongue depressor on your tongue.
- f) Open your mouth and head slightly forward.
- g) Let me have a look at you.
- h) Where is it? Point it out to me.
- i) That's out.
- j) Try to swallow.

Doctor informs patient (A)	Doctor gives instructions to patient (B)

6/15 TRACHEOSTOMY TUBE CHANGE

1 Write in the nouns which would be used with the verbs listed below when changing a tracheostomy tube.

tapes	tracheostomy tube	mucus	old tube	tube	new tube	mucus	cannula

- a) untie
- b) change
- c) suck out
- d) bend
- e) pull out
- f) put in
- g) take out
- h) put in
- i) tie back

2 Listen to 6/15 and check your answers.

3 Circle those language functions you think the doctor fulfilled while explaining the procedure to the patient.

- a) Greeting the patient
- b) Explaining the reason for the procedure
- c) Explaining the steps of the procedure
- d) Requesting the patient's co-operation
- e) Describing the present situation to the patient
- f) Giving instructions to the patient to do something
- g) Giving positive feedback to the patient for their co-operation

4 Write down how you would explain a tracheostomy tube change to your patient.

- a) Tell the patient that his tracheostomy tube needs replacing.
We need to change your tracheostomy tube.
- b) Explain to the patient that the tapes need to be removed.

- c) Warn the patient that the mucus may have to be aspirated.
- d) Ask the patient to inhale deeply.
- e) Inform the patient that you are replacing the old tube with a new one.
- f) Encourage the patient and allow him to breathe again.

6/16 GOOD AND BAD NEWS

1  **Read the following referral letters and on the basis of the information given, write a dialogue between doctor and patient when the doctor gives the patient the good news. Write a second dialogue between doctor and patient assuming that the biopsy has shown cancer of the larynx. Then listen to our versions of the dialogues.**

Letter from GP

Dear Dr. Macleod,

This man smokes heavily and has tended to lose his voice intermittently for a long time. Recently his condition has definitely worsened, and has now been completely hoarse for a month. I would be grateful for your expert opinion.

Yours sincerely,

A. Smith

Reply from Consultant

Dear Dr. Smith,

Thank you for your letter. This man gave a lengthy history of a dry cough and intermittent hoarseness on waking. He is a heavy smoker and has recently retired from work in a noisy factory where he was a foreman and used to shout a lot. For the past month he has been completely aphonic.

Examination revealed a generally red oedematous larynx with white thick areas on the vocal cords. I am unsure whether this will prove to be chronic laryngitis or early carcinoma. He will be admitted urgently for microlaryngoscopy and biopsy.

Yours sincerely,

J. Macleod FRCS (Ed)

Reply after hospital admission and surgery

Dear Dr. Smith,

Further to our previous correspondence, I can report that the histology of the material removed from this man's vocal cords has come back as leukoplakia, with no signs of malignancy. He was relieved to hear this. I have strongly urged him to stop smoking and have referred him to the speech therapists.

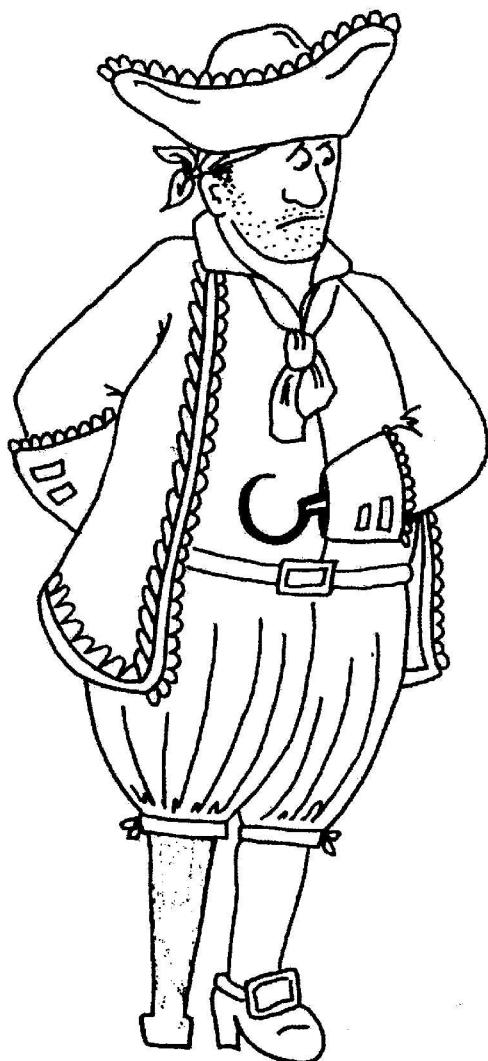
Examination today revealed mildly inflamed vocal cords. His voice was greatly improved. I will see him again in a month, and if the leukoplakia reappears he will need further surgery.

Yours sincerely,

J. Macleod FRCS (Ed)

Unit 7**ORTHOP(A)EDICS****Contents**

- 1 INJURIES
- 2 DIAGNOSIS
- 3 TREATMENT
- 4 SCOLIOSIS
- 5 CONGENITAL DISLOCATION OF THE HIP
- 6 DISLOCATION OF THE HIP AS A LATE COMPLICATION
- 7 RHEUMATOID ARTHRITIS
- 8 PHYSIOTHERAPY
- 9 FLAT FEET
- 10 RICKETS



7/1 INJURIES

1  **What are the most common injuries people sustain and where do they take place?**

a) injuries
b) location

2  **Listen to the complaints of the patients and fill in the table below (7/1/A,B,C,D).**

	Patient A	Patient B	Patient C	Patient D
injury				<i>sprained ankle</i>
cause			<i>playing football</i>	
symptoms	<i>feels numb</i>			

3 **Below are questions a doctor might ask during an examination. Two of them are correct. Circle the incorrect one.**

a) a lot of bleeding?
 A Is there
 B Were you
 C Has there been

c) Can you feel me the tip of your finger?
 A tickling
 B touch
 C to scratch

b) Can you your finger?
 A move
 B bend
 C angulated

d) Is your hand more than normal?
 A swollen
 B tenderer
 C numb

7/2 DIAGNOSIS

1  **Listen to the doctor's explanation in 7/2/A and complete the sentences below using the information in brackets.**

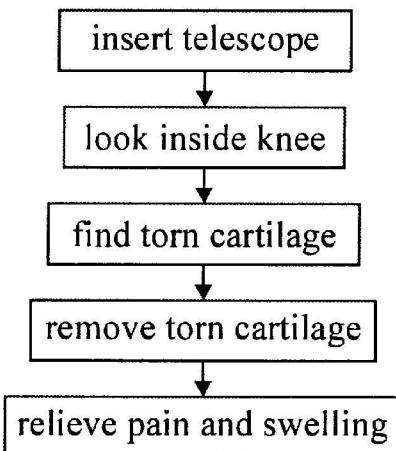
e. g. Show me how well you can ... *move your fingers* (mobility of digits)

a) I think you (possibility of fracture)
 b) I think we ought to (reset the limbs)
 c) We should be able to (keep it rigid)
 d) It is possible we might need to (secure break with metal)

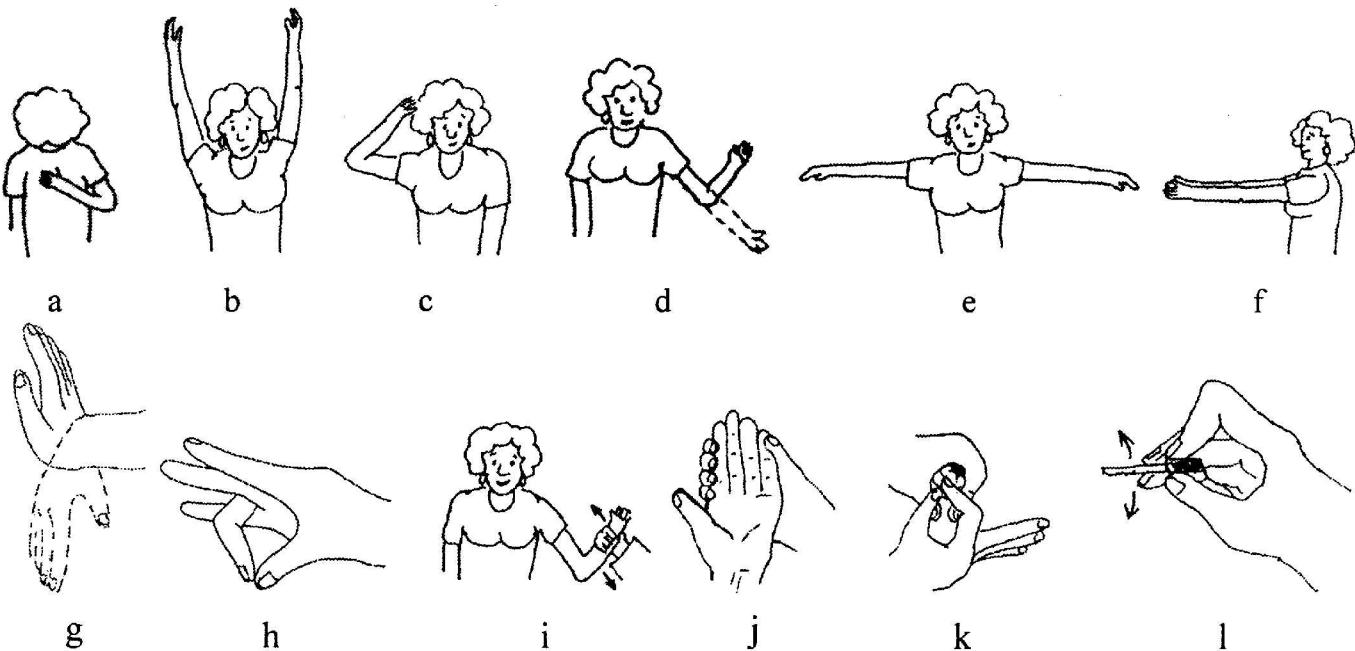
2  Listen to the doctor's explanation in 7/2/B. Complete the statements, paying attention to how *doubt* and *certainty* are expressed and *advice* is given.

- a) there may be some bleeding within the joint.
- b) you have torn the cartilage.
- c) an arthroscopy under a general anaesthetic.
- d) we'll find you have torn the cartilage.
- e) the removal of the torn cartilage will relieve the pain.

3 On the basis of the flow chart, explain to the patient how the doctor intends to perform an arthroscopy.



4  Listen to the doctor's instructions in 7/2/C and number the pictures in the order you hear them.



5 Look at the pictures again and practice giving instructions to your patient.

3 TREATMENT

1  Listen to 7/3 and finish the technician's sentences after he has put the plaster on (Fracture of the radius).

- a) I have to put on the plaster *to keep your bone in the right position*
- b) Do not get the plaster wet because
- c) If your fingertips feel tingly or numb or your fingers go pale or blue
- d) Keep your hand elevated in order to
- e) We'll need to get some X-rays done

2 The doctor tells his patient that he is going to remove the plaster. How does he express the following?

- a) the bone has healed nicely
- b) we'll remove the plaster
- c) the instrument we will use
- d) although it is noisy, it is reliable

4 SCOLIOSIS

1  In a small group discuss scoliosis under the following headings:

- a) Onset of the disease
- b) Influence of family history
- c) What are the treatments for scoliosis?

Use these words to help you: physiotherapy, plastic brace, operation, genetic, childhood, spine

2  Listen to dialogue 7/4/A and say whether the following statements are true or false.

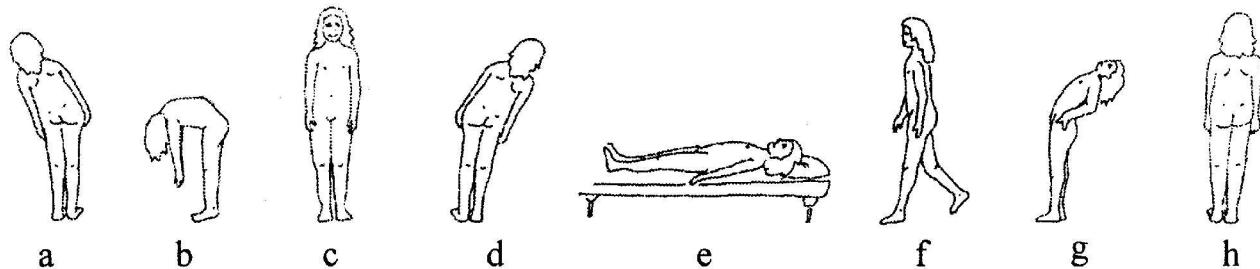
- a) I have noticed that my daughter's back has become twisted.
- b) It has become much more curved over the last few months.
- c) She has never had any health problems at all.
- d) Problems with the spine run in the family.

3 Find the correct synonyms used for the words underlined in the sentences below.

Her spine has become twisted *crooked*

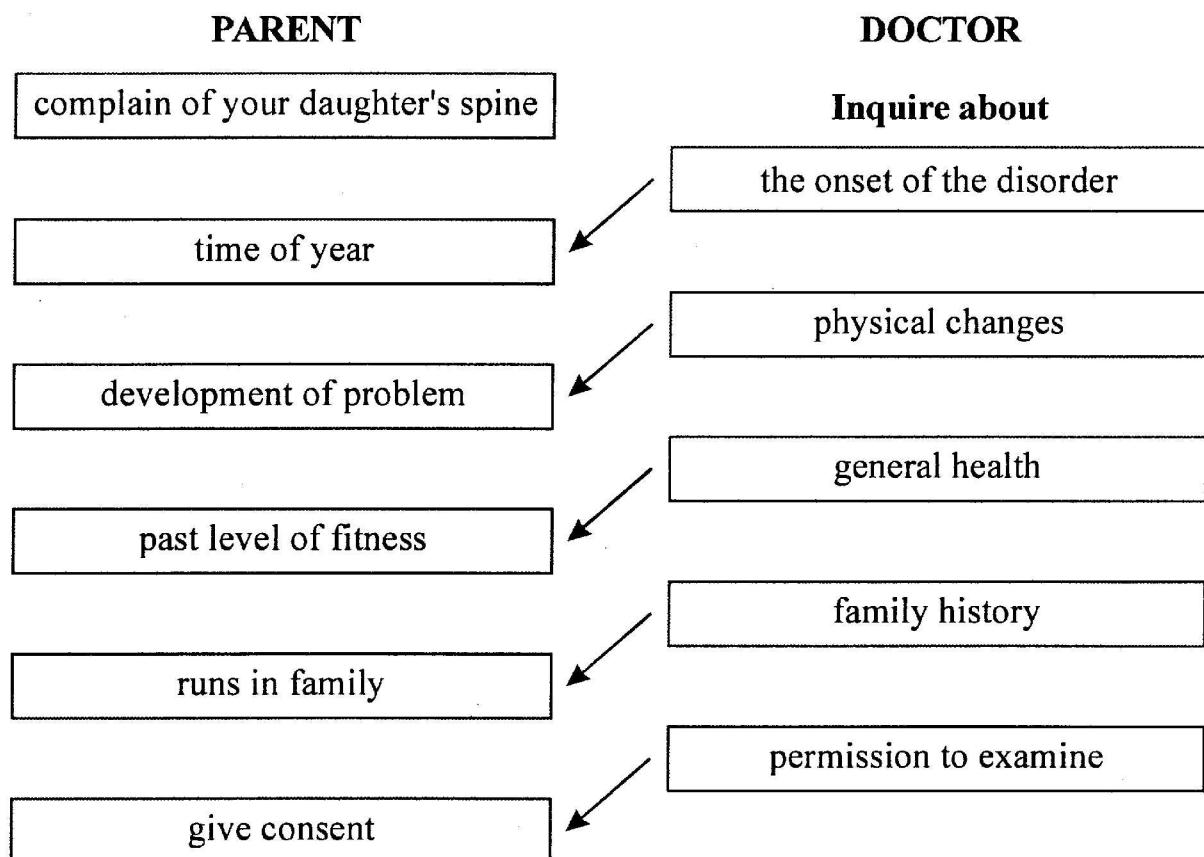
- a) The back appeared to be protruding
- b) It has become slightly more bent
- c) She is usually in good health
- d) My brother was crippled by scoliosis
- e) He is worried that the same thing might happen to him

4  Listen to the instructions (7/4/B) given by the doctor when examining Mary, and number the pictures in the order you hear them.



5 Look at the pictures again and practise giving instructions to your patient.

6 Below is a flow chart of the consultation. Write the dialogue between the doctor and the patient.



7  Listen to the doctor's explanations in 7/4/C and 7/4/D. How does he tell the patient about the following:

- a) what scoliosis is
- b) the cause of scoliosis
- c) recommended treatment
- d) no operation necessary at this stage
- e) use of a brace

.....

.....

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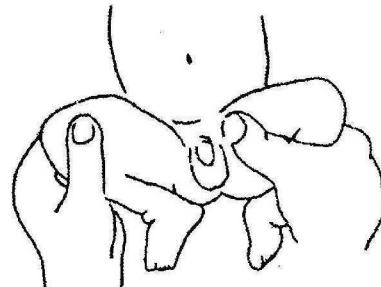
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7/5 CONGENITAL DISLOCATION OF THE HIP

1  Below are symptoms doctors look for when diagnosing infantile dislocation of the hip. Circle the correct symptoms.

- a) one leg is shorter
- b) immobile hip
- c) groin creases are not symmetrical
- d) one leg is severely bent
- e) one of the hips clicks
- f) limited motion of one of the hips



2  Listen to the doctor's explanations A, B, C and D. Listen to the three situations and indicate the severity of the problem in each situation.

- a) Situation I
- b) Situation II
- c) Situation III

3 Listen again and then

- a) greet Mrs Smith
- b) introduce yourself
- c) tell Mrs Smith what you are going to do
- d) say that it is part of a normal check-up

4 Find the meaning of the following words and phrases in the doctor's explanation.

- a) loose ligaments *the hip clicks*
- b) dislocation.
- c) no permanent disability
- d) hips must be kept slightly splayed
- e) further check-up required
- f) optimistic outlook for the future

5 Complete the doctor's explanation. Check with the recording if necessary.

Mrs. Smith, I'm sorry to say the X-ray (a) John's hip is out of joint. If it is left in this (b) then the hip will not develop (c) but if we treat it at this early stage then he stands every (d) of developing normally. The treatment, first of all, is to wear this plastic (e) called a Pavlik harness, but if this is (f) then John may need an operation to put his hip back into (g)

7/6 DISLOCATION OF THE HIP AS A LATE COMPLICATION**1**  Before listening to the dialogue, discuss these questions.

- Is dislocation of the hip as a late complication a common condition nowadays?
- What activities are patients with a dislocated hip prevented from doing?
- Is dislocation of the hip a hereditary condition?

2  Listen to dialogue 7/6/A. Then make a similar dialogue basing your questions on the patient's answers given below.

- D:
P: I'm in a lot of pain and I can't walk well.
- D:
P: The problem's been coming on for a long time.
- D:
P: I can hardly walk at all.
- D:
P: Yes, I limp very badly.
- D:
P: I always use one stick. Sometimes two.
- D:
P: I can't do any of my housework now.

3 Place the following instructions in the correct order for the examination of the patient. Then practice giving instructions using polite forms with the following phrases:

Now ...
Can you please ...
If you could ...
Please ...
Show me ...

- lie on the couch
- move your left leg across to me / to the other side
- I'll bend your leg up and straighten it
- I'd like to examine you
- turn your whole leg in / out
- take your clothes off
- how well can you move your hips
- stand up, I'd like to measure the length of your legs

4  Listen to dialogue 7/6/B. What is dialogue B about? Select and order the three main areas of discussion from the list below:

- history-taking
- hospital admission and operation
- medication
- post-op complications
- findings
- discharge from hospital

5 Complete the sentences below with information from the dialogue.

a) The X-rays show (result)
 b) This is due to (cause)
 c) I think the best treatment for you (recommended treatment)

6 On the basis of the dialogue, answer the patient's questions below in your own words.

P: What are the results of my X-rays, Doctor?

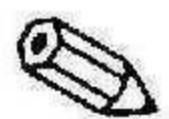
D:

P: What does the operation involve?

D:

P: Will there be any complications?

D:

77 RHEUMATOID ARTHRITIS**1**  **Which of the patient's complaints below do you think you will hear in the dialogue on rheumatoid arthritis?**

- a) I find it difficult to get dressed.
- b) It's difficult to comb my hair.
- c) I get a lot of pain in my hip.
- d) I sometimes get indigestion and heartburn.
- e) I feel stiff in the morning.
- f) Washing can be a problem.
- g) I have developed itching and a rash.
- h) It disturbs my sleep.

2  **Listen to the dialogue and check your answers.****3** **After listening to the recording, indicate whether the patient suffers from the following symptoms.**

a) pain and stiffness	d) no side-effects from tablets
b) gradual increase of problems suffered	e) normal activity is painful
c) little disturbance of sleep	f) side-effects from tablets

4 **Which indications in the dialogue fit the points underlined in the definition below.**

Rheumatoid arthritis is a chronic disease (a) marked by signs and symptoms of inflammation of the joints (b), frequently accompanied by marked deformities (c), and ordinarily associated with manifestations of a general (d), or systemic (e) affliction.

5  Below are questions the doctor asks. You will hear two different answers (7/7/5). Circle the correct answer to each question.

a) What problems do you have with your joints?	A	B
b) Which joints are mainly affected?	A	B
c) Is there any time of day when your symptoms are worse?	A	B
d) Have you noticed anything that makes the symptoms worse?	A	B
e) Have you had any treatment in the past?	A	B
f) How does your arthritis affect your life?	A	B

7/8 PHYSIOTHERAPY

1  List the names of some treatments used by a physiotherapist.

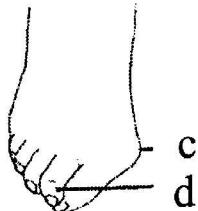
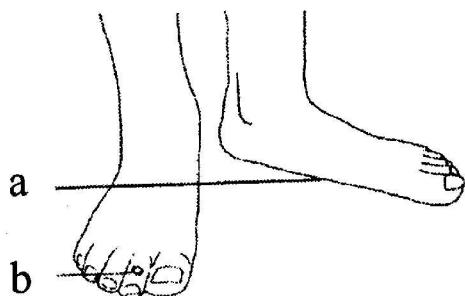
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2  Listen to the dialogues on physiotherapy and complete the table below.

	name of treatment	treatment	purpose
A			<i>medicine penetrates the skin</i>
B	<i>faradic electrostimulation</i>		
C			
D		<i>controlled movement</i>	

7/9 FLAT FEET

1  Do you know the names of these foot problems?



2  Before listening to the recording, match the words with the appropriate explanation.

bunion

corn

flat feet

hammer toe

- a) a hooked or claw-like deformity of a toe, most often the second, caused by fixed flexion of the first joint
- b) a deformity at the big toe joint, causes the big toe itself to slant outward at an angle
- c) an area of hard thickened skin on or between the toes caused by friction and pressure from skin rubbing against bony areas when wearing ill-fitting shoes
- d) absence of the arching of the foot, so that the sole lies flat upon the ground

3  Listen to the dialogue and give short answers to these questions.

- a) What problems does the patient have with his feet?
- b) What treatment is recommended?
- c) How can foot problems be avoided?

7/10 RICKETS

1  Before listening to the dialogue, write down what you know about rickets.

- a) cause
- b) symptoms
- c) description of the disease

.....
.....
.....

2  Listen to the dialogue and give short answers to the following questions.

- a) How old is the patient?
- b) Is the patient male or female?
- c) What is the patient's presenting symptom?
- d) What treatment did the doctor suggest?

.....
.....
.....
.....

3 After listening to the dialogue again, find out how the following are described.

- a) Rickets is a childhood disease.
- b) It results from malnutrition.
- c) It results in deformities of the bones.

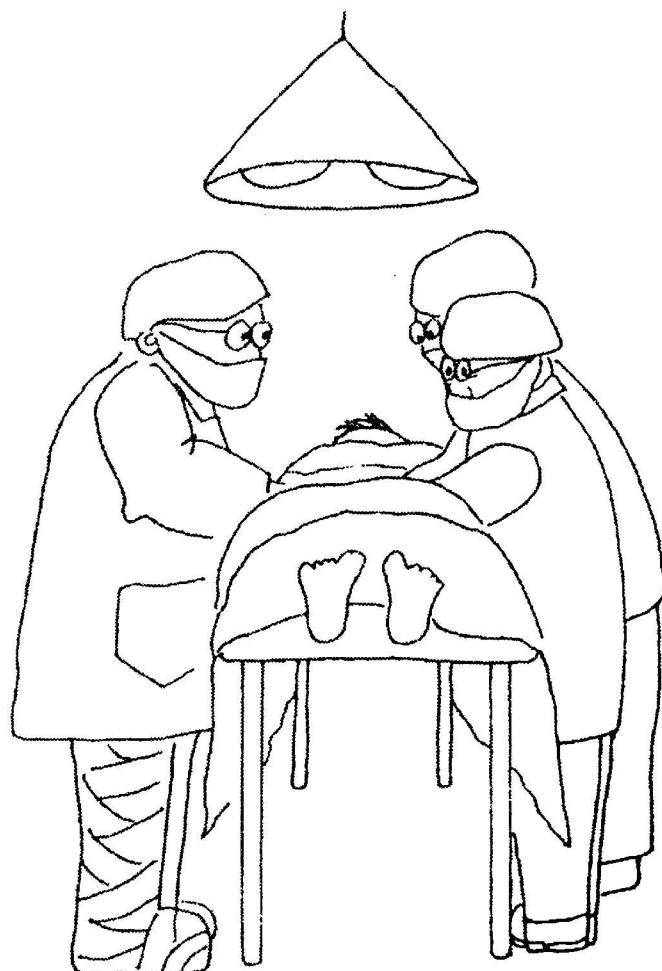
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Unit 8

SURGERY

Contents

- 1 THYROIDISM
- 2 PROBLEMS OF THE (O)ESOPHAGUS
- 3 GALLBLADDER DISEASE
- 4 APPENDICITIS
- 5 BREAST LUMPS
- 6 GOOD AND BAD NEWS
- 7 HERNIA
- 8 EMBOLISM
- 9 AN(A)ESTHESIA



8/1 THYROIDISM

1  While you listen to dialogue 8/1/A look at the words in connection to the patient's condition and write down the words related to each.

- a) neck
b) breathing
c) voice
d) food
e) weight
f) weather
g) feeling of heat
h) heart

2 Match the following verbs with procedures.

	administer	carry out	do	use	perform
We'll	a) <i>do, administer</i> b) c) d) .....	.....	.....	.....	some blood tests. some scans. radioactive iodine. an ultrasound scan.
We must					

3 Write down the names of the procedures when dealing with the thyroid gland.

- a) to check the functioning of the thyroid gland
b) to find out whether it is overactive or underactive
c) to determine if the swelling is solid or cystic
d) to see if the thyroid is taking up more or less isotope than the normal range

4 On the basis of the patient's replies, write in the doctor's questions.

D:

P: My neck is swollen.

D:

P: I've had the swelling for three months.

D:

P: Yes, it's gradually getting bigger.

D:

P: I'm having difficulty with my breathing and sometimes I find that the food sticks.

D:

P: Yes, my weight has been going down for a couple of months now.

D:

P: I don't like hot weather. It makes me feel very uncomfortable.

D:

P: Yes, I even feel sweaty when it's cold and often feel my heart pounding.

5 Explain the following to your patient. Listen to the recording again if necessary.

- a) What does a radioiodine scan involve?
- b) What does an ultrasound scan require?

8/1/B THYROIDECTOMY

1  Listen to how a surgeon describes a thyroidectomy case to his students.

2 Based on the information given in paragraph a) of the recording, complete the table.

medical terminology	layman's vocabulary
enlargement in the front of the neck	
loss of weight.	
night sweats	
palpitations	

3 Based on the information given in paragraph b), write down how the doctor would say the same things to the patient.

Advice:

4 Looking at the information in paragraphs c) and d) write out the questions you think the doctor asked when taking this history.

- a) marital status
- b) children
- c) serious previous illnesses
- d) appetite
- e) body weight
- f) family history

5 Using information in paragraphs e) and f), describe the operation to the patient.

8/2 PROBLEMS OF THE (O)ESOPHAGUS

1  What are the usual causes of problems of the (o)esophagus?

.....

2  Listen to the dialogue and find the synonyms used for the (o)esophagus.

3 Explain the meaning of the following:

a) heartburn b) choking c) barium meal d) reflux

4 Using the key words below formulate the doctor's questions.

a) difficulty swallowing
 b) pain
 c) food sticking
 d) vomiting
 e) heartburn
 f) weight loss

8/3 GALLBLADDER DISEASE**1  Listen to the dialogue and complete the table below with the information given by the patient.**

a) food provoking pain
 b) pain last night
 c) present pain *dull*
 d) radiation of the pain
 e) nausea, vomiting
 f) family history

2 Listen to the dialogue again and formulate the doctor's questions on the topics given in exercise 1.**3 a) Inform the patient about the test.**

b) Explain what ultrasound involves and the possibility of needing an operation.

4 Explain to the patient what is involved in an operation to remove the gallbladder.

a) preoperative care
 b) postoperative care
 c) anaesthesia
 d) keyhole surgery / laparoscopy

8/4 APPENDICITIS**1  Write down three questions a doctor might ask a patient with suspected appendicitis.**

.....

2  Listen to dialogue 8/4 and find the phrases used to express the following:

a) umbilicus	.....<i>tummy button</i>
b) rigor	.....
c) have no appetite	.....
d) appendectomy	.....
e) intravenous feeding	.....

3 After listening to the dialogue again, ask questions about the following:

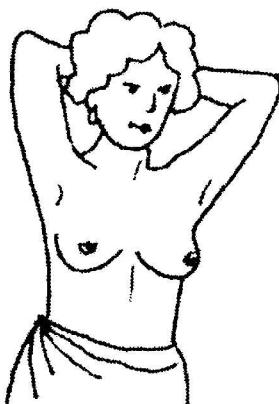
a) nausea and vomiting	.....
b) site of pain	.....
c) hot shivers (Br) / chills	.....
d) eating pattern	.....
e) bowel movements	.....
f) passing of water	.....

4  Listen to the patients' complaints in 8/4/4. Circle that which is indicative of appendicitis.

a) What brings you in to see me today?	1	2	3
b) Have you felt sick or been sick?	1	2	3
c) Can you describe the pain?	1	2	3
d) Where is the pain?	1	2	3

8/5 BREAST LUMPS1  Before listening to dialogue 8/5, discuss the following:

- a) At what age do breast lumps usually occur?
- b) How can a woman detect it?
- c) What treatments are possible?

2  Listen to the dialogue and indicate in the diagram where the doctor examines for lumps.

3 After listening to the recording complete the table below.

What are you going to do?	What for?
a) examine under the armpit	
b) examine the neck	<i>enlarged glands</i>
c) send you for a mammogram	
d) do a breast biopsy	
e) send the specimen to the pathologist	

4 Ask the doctor's questions based on the keywords below.

a) pain
 b) size of lump
 c) change in size
 d) nipple discharge
 e) bleeding

8/6 GOOD AND BAD NEWS

1  Listen to the recording and complete the table below.

	fracture	outlook
A	<i>straightforward,</i>	
B		<i>operation needed,</i>
C		

2 Explain the meaning of the following:

a) in the long run
 b) straightforward fracture
 c) reduce the fracture
 d) stiff knee

3 Write down matching introductory phrases used in the recording for the factual information given in brackets.

introductory phrase reflecting emotional attitude	factual information
	(simple fracture) <i>You have a very straightforward simple fracture</i>
<i>I'd like you to know</i>	(damaged artery found on reducing the fracture)
	(long-lasting consequences of the trauma)

8/7 HERNIA

1  Indicate whether the following statements are true or false according to the dialogue.

- a) The patient works in a place where he has to lift heavy objects.
- b) The lump appeared suddenly.
- c) The lump is painful all the time.
- d) He cannot push the lump back.
- e) He needs surgery.

8/8 EMBOLISM

1  Look at the title of the section and predict which words are missing.

P: About half an hour ago I felt a (a) pain in my left calf. I could (b)..... stay on my feet it was so (c)

D: Can you (d) your toes?

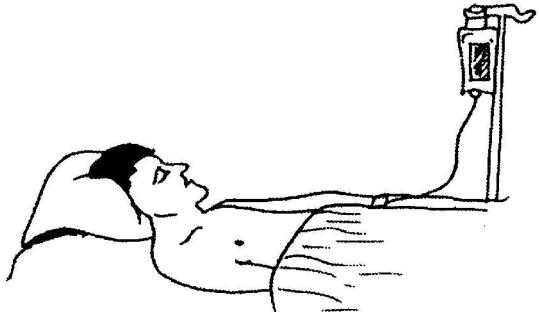
P: Yes, but they hurt (e) when I move.

D: Do you know if you have any heart (f) ?

P: Yes. I was treated for arrhythmia. I was given (g) tablets to thin my blood. I stopped taking them six months ago.

D: It's possible that a (h) blood clot has blocked one of the leg arteries. If that's the case you'll need an (i) operation, I'm afraid.

2  Check your answers from the recording.

8/9 AN(A)ESTHESIA

1  What questions does an an(a)esthetist ask a patient during a preoperative examination?

2  Listen to the recording (8/9/A) and practise the general questions an an(a)esthesiologist usually asks before an operation.

3  After listening to the description of general and local an(a)esthesia in recording 8/9/B, fill in the table below.

	What is the doctor going to do?	What does the patient do?
general	<i>give an injection</i>	<i>breathe evenly through the nose</i>
local		

4 Collect the verbs used when waking up the patient after an operation.

Unit 9

DERMATOLOGY

Contents

- 1 SKIN APPENDAGES (A, B, C)
- 2 PSORIASIS
- 3 HERPES SIMPLEX
- 4 ACNE
- 5 WARTS
- 6 MOLES
- 7 ECZEMA
- 8 FUNGAL INFECTIONS (A, B, C)
- 9 LEG ULCER
- 10 URTICARIA
- 11 ERYsipelas
- 12 SCABIES
- 13 GOOD AND BAD NEWS
- 14 REFERRAL



9/1 SKIN APPENDAGES

1  Below are definitions of three diseases of skin appendages. Listen to the names of diseases and write in the number of the correct name.

- a) loss of hair, baldness
- b) inflammation of the folds of the skin bordering the nail of a finger or toe, usually characterised by infection and pus formation
- c) ringworm of the bearded areas of the face and neck caused by fungi and characterised by reddish patches

2  Listen to dialogues 9/1/ A, B and C and complete the table below.

	site	symptoms	treatment	cause
paronychia				<i>fungus</i>
tinea barbae				
alopecia	<i>scalp</i>			

3 Listen to dialogue A again and complete the doctor's diagnosis and explanation.

- a) I think what you have is
- b) This is an infection of the
- c) It tends to go on for quite a long time
- d) It requires treatment for
- e) You need to keep using the treatment
- f) You should go to see your doctor if

4 Listen to dialogue 9/1/B again and find the synonyms for the following.

- a) sores
.....
- b) break open
.....
- c) suddenly become worse
..... *flare up*
- d) heal
.....
- e) fill up with pus
.....

5 a) Ask the patient about his history. Use the appropriate form of the verb.

.....	asthma hay fever eczema	?
-------	-------------------------------	---

b) Ask the patient about his family history.

.....	these conditions diabetes arthritis any thyroid problems	?
-------	---	---

6  Listen to dialogue 9/1/C again and write down the doctor's questions.

D:

P: I've been losing my hair.

D:

P: It's been going on for the last two months.

D:

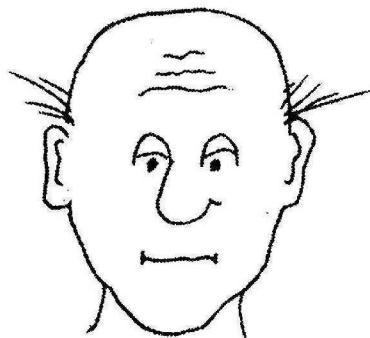
P: Yes, I had eczema when I was younger.

D:

P: No, there's nothing like that in the family.

D:

P: No, the doctor just sent me up here for your opinion.

7  Fill in the blanks with the prepositions from the box. Then listen to the recording and check your answers.

for from in on out to up with

- a) How long have you had problems your nail?
- b) Pus oozes from it.
- c) Have you had any treatment it?
- d) This is an infection which tends to go on quite a long time before it clears
- e) The treatment will depend the result this swab.
- f) If it flares you should go to see your doctor.
- g) I've had problems painful spots which come a head and burst.
- h) The treatment should be effective clearing it
- i) It's due an infection.
- j) I've carried a swab.

8 Look at how the doctor begins to describe the patient's ailments. Finish the description with your own words. Be sure to include the nature of the ailment, type and course of treatment.

I think what you have is You have a condition called The problem is called You appear to have	tinea barbae ... paronychia ... alopecia ...
--	--

9/2 PSORIASIS

1  Listen to dialogue 9/2/A paying attention to the instructions given by the doctor and complete the table below.

It should be	a)	in the morning.
	b)	at night.
	c) <i>used</i>	every night.
	d)	overnight.
	e)	gradually.

2 Find three treatments recommended by the dermatologist.

We'll treat you with	a)	
	b)	
	c)	

3  Listen to dialogue 9/2/B and list the questions the doctor used to find out about the following:

a) onset of the disease
 b) sudden outbreak
 c) site
 d) family

4 Listen to dialogue 9/2/B again and complete these sentences.

a) Unfortunately,
 b) It will be difficult.....
 c) We'll treat you
 d) You'll probably be

5  Listen to recording 9/2/C. On the basis of the doctor's explanation to his students, write out how the doctor would explain chronic plaque psoriasis to a patient who has that disease. Remember to use simple, informal English.

6 Write a referral to the GP after you have treated the patient. You can find some help below. Use the following words to fill in the gaps.

flared up prescribed psoriasis reviewed body treated wide-spread course

I (a)..... this lady's scalp for (b)..... . She complains that her psoriasis (c)..... over the last two months. On examination she has (d)..... psoriasis affecting her (e)..... . I (f)..... some 6% coal tar and 2% salicylic acid in white soft paraffin for her to use on her body, Dermovate beneath her breasts and a (g)..... of UVB. She must return to be (h)..... at the clinic in one month's time.

9/3 HERPES SIMPLEX

1  **Before listening to dialogue 9/3, answer the following questions.**

- a) Have you ever had herpes?
- b) What is it caused by?
- c) When did it appear in your case?
- d) Where does it usually appear?
- e) How did you treat it?

2  **Listen to the dialogue and remember how these ideas were expressed in it.**

- a) cold sores
.....
- b) encrustation that forms over a sore or wound during healing
.....
- c) a sensation of slight prickles, stings
.....
- d) occur occasionally
.....
- e) develop
.....
- f) burst
.....

3 **In your own words explain to the patient the cause and treatment of herpes simplex.**

9/4 ACNE

1  **The words "it" and "they/them" occur several times in dialogue 9/4. Listen to the dialogue and decide what these pronouns refer to.**

- a) How long have you had problems with **them**?
.....
- b) Have you had any treatment for **it**?
.....
- c) **It** hasn't really been helping.
.....
- d) **They** have to be continued much longer.
.....
- e) Don't take **them** with milky substances.
.....
- f) **They** started at the age of thirteen.
.....
- g) **It** got worse.
.....
- h) You should take **them** with water.
.....

2 **After listening to the dialogue again, take the doctor's part and give advice to the patient on the following topics.**

- a) medication *Take tetracycline*
.....
- b) dosage
.....
- c) duration
.....
- d) special instructions
.....
- e) next appointment
.....

9/5 WARTS

1  The next two dialogues are about warts and moles. Before listening to them look at the list below and indicate with an arrow whether they are characteristic of moles or warts.

warts	moles
	1 congenital
	2 caused by a virus
	3 small pots or blemish on the skin
•	4 usually of a dark colour
←	5 small, abnormal elevation on the skin
	6 slightly elevated, often hairy
	7 usually hard and abnormal
	8 treated by spray or paint
	9 localised
	10 found all over the body
	11 removed by operation

2  Listen to dialogue 9/5 and put the sentences below into the correct order.

- a) Remove the paint in the morning.
- b) Leave the paint overnight.
- c) Rub the wart down with a pumice stone or emery board until it is flat.
- d) They may take some time to clear.
- e) Treat it with a wart paint.
- f) You can then apply the wart paint.
- g) You must soak your hand for five minutes in the evening.

3 Give instructions to the patient about using wart paint using the sentences above and linking them by words like *first, then, next, afterwards*.

9/6 MOLES

1  Listen to dialogue 9/6, then take the doctor's part and ask the patient about the topics suggested below. Use the Present Perfect Tense.

- a) general changes
- b) change of colour
- c) change of size
- d) itchiness
- e) bleeding
- f) exposure to sun

.....*Have any of them changed recently?*

.....

.....

.....

.....

.....

2 Finish the following sentences:

- a) I think it will need ...*to be removed*.....
- b) I would advise you
- c) The best way of protecting yourself.....
- d) If necessary,.....

3  Listen to dialogue 9/6 again and tell your patient what you have found and how the mole will be removed.

Diagnosis	Explanation of treatment

9/7 ECZEMA

1  Before listening to dialogue 9/7, tick the sentences you think would be asked by the doctor in the case of eczema.

- a) How long have you had it?
- b) Which nails are affected?
- c) Is this the worst it's ever been?
- d) What treatments have you had?
- e) Have you ever had problems with varicose veins?
- f) Do you know of anything which might have caused it to flare up recently?

2  Before listening to dialogue 9/7, read the following description and decide which procedure it is describing.

A test for allergy in which an allergic condition is indicated by an inflammatory reaction to a patch of material impregnated with an allergen applied to the skin.

.....

3  On the basis of the previous definition, complete the doctor's explanation of the procedure to a patient using the words from the box.

inflamed	affect	find out	substances	stick
----------	--------	----------	------------	-------

This is a test to (a)..... what you are allergic to. What we do is to (b) several patches onto your skin which have particular (c) on them, for example wheat or pollen. When we take them off a couple of days later if your skin is (d) we know exactly what you're allergic to and what doesn't (e)..... you.

4  Listen to dialogue 9/7 again and using the key-words below, write in the doctor's questions and the patient's answers.

	doctor's questions	patient's short answers
onset of the disease		
aggravating factors		
effectiveness of the previous treatment		
treatment		
cause		

5 Complete the following summary using the prepositions from the box, and then listen to dialogue 9/7 again and check your answers.

about at for in into of on out to with

D: I think the best way (a) treating you will be to do daily dressings which will allow the skin to settle much more quickly. After it has settled, we'll arrange (b) patch tests to be carried (c) to determine whether you are reacting (d) any of the substances you're coming (e) contact (f) (g) work. This will require 3 visits (h) the hospital. The patches will be put (i) your back (j) the first visit and removed (k) your second visit. They'll be read (l) that time, and you'll have to come back 2 days later (m) case there are any late reactions. If you're positive (n) any of the patches we'll be able to give you advice (o) avoiding contact (p) these substances.

9/8 FUNGAL INFECTIONS

1  Listen to dialogues 9/8/ A, B and C and complete the following table.

	tinea versicolor (A) pityriasis versicolor	tinea pedis (B)	tinea unguium (C) onychomycosis
cause	fungus		
site		between toes	
symptom			
medication			tablets

2 Listen to dialogues 9/B and 9/C again, then match the sentence halves in the two columns below.

a) Can you please take your shoes and socks off so that	A try to identify the fungus.
b) If you can spread your toes	B you must come back and see me in about five weeks' time.
c) I'll take a clipping from the nail to	C I can have a look at your toes.
d) We'll send a clipping off to	D we'll be able to treat it.
e) This will take about four weeks for the results to come back so	E I'll be able to see it.
f) If the result is positive,	F look at under a microscope.

9/9 LEG ULCER

1  Listen to dialogue 9/9. There is one previous illness and one doctor's suggestion missing. Can you find them?

a) What preceded the present illness?	..... <i>chest pain</i> <i>coughing up blood</i>
b) What are the doctor's suggestions?	<i>keep legs elevated</i>

2 Listen to dialogue 9/9 again and finish the sentences.

a) You are more likely to.....	.....
b) The ulcers will heal up .....	.....
c) It'll require .....	.....
d) It will be necessary for your leg .....	.....
e) The elastic stockings will help .....	.....
f) It also allows the ulcer.....	.....
g) I'll arrange for the dressing to.....	.....

3 Study the sentences in the previous task and write down the letters of those you think the doctor could have started with "Unfortunately, ..."

9/9/A DISCHARGE SUMMARY

4 Study the discharge summary of a basal cell carcinoma patient. Fill in the gaps with the words listed in the box.

dressings	elective	excision	grafting	marked	responded
squamous	swabs	transferred	basal	non-ulcerated	

Diagnosis: Basal Cell Carcinoma Left Lower Leg

History: An (a)..... admission for (b)..... of a skin lesion on the left lower leg

Examination: There was a 2 cm in diameter raised ulcerated lesion on the left shin, which clinically appeared to be a (c)..... cell carcinoma. In addition, a further smaller, (d)..... lesion was noted on the front of the shin about 3 cm proximal to the main lesion.

Operation(s): Excision of Skin Lesion Left Leg with split skin (e)..... (7.2.1994). The proximal lesion was also excised with primary closure.

Histology: The main lesion was in fact a (f)..... cell carcinoma which had been completely excised. The second lesion was also a further basal cell carcinoma which also appears to have been completely excised.

Post-op Course: We had a number of problems with this lady. She had (g)..... swelling of both lower legs and although the skin graft initially seemed to take very well, just as we were about to let her go home, she developed a cellulitis in the tissues around the wound on the lower leg. The graft, fortunately, remained intact but (h)..... from this area produced a growth of *Staphylococcus aureus* and the cellulitis (i)..... only very slowly to fucloxacillin and then erythromycin. She also had a number of medical problems with a chest infection, cardiac failure and problems with her diabetic control. At one stage she developed chest pain and was, in fact, (j)..... to the Coronary Care Unit but was returned to us the following morning. The leg was still requiring (k)..... when she went home, and we will need to watch the graft fairly closely as it is still a bit precarious.

5 On the basis of the discharge summary, write a dialogue between the doctor and the patient. Take into account the symptoms, the operation and postoperative care.

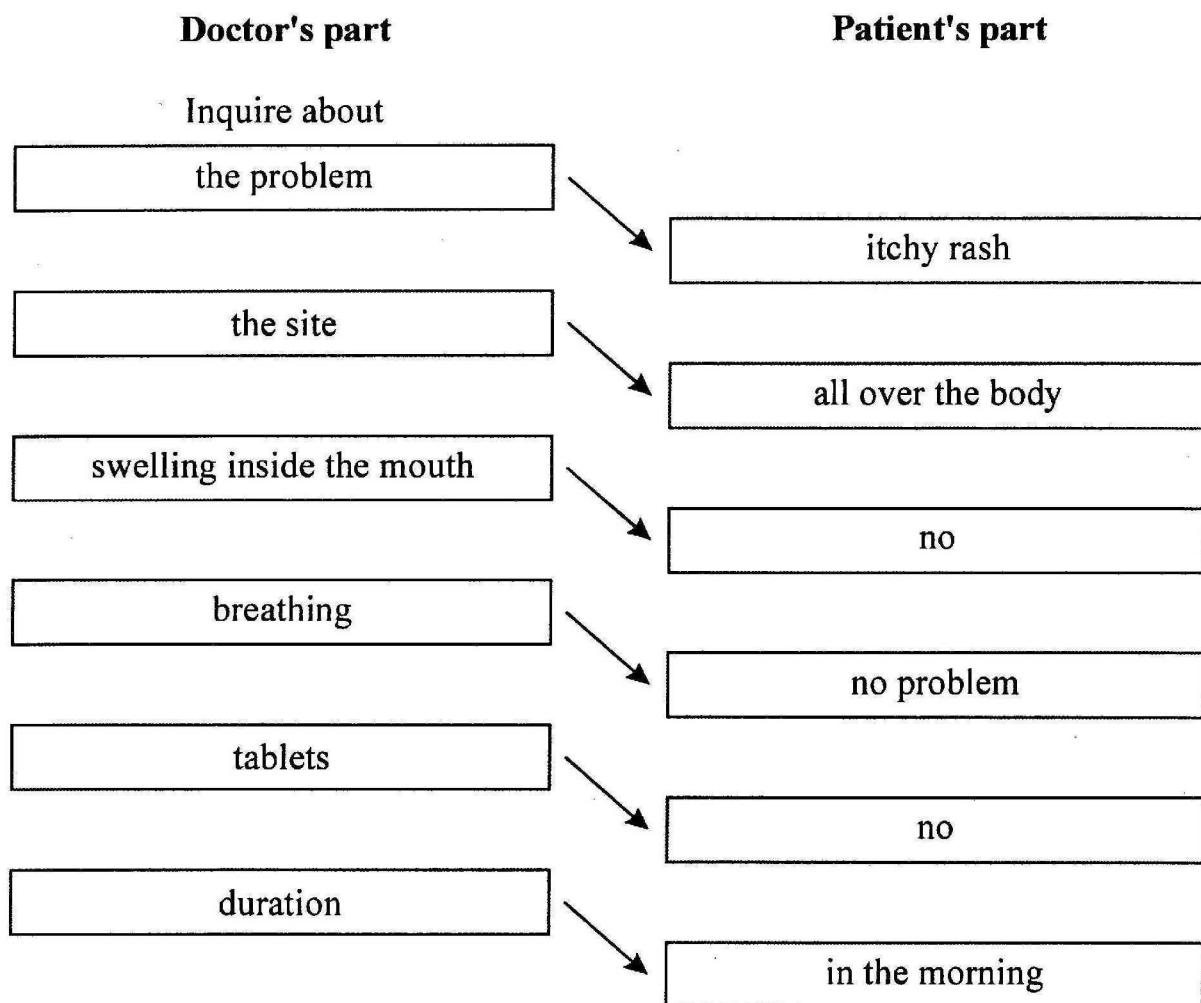
9/10 URTICARIA

1  Write a definition of urticaria. Give the causes, symptoms and treatment. Use the following words: rash, itching, welts, allergic reaction.

2  After listening to the recording, complete the sentences below.

- some blood tests.
- there is any underlying cause for your rash.
- before it gets better.
- find the cause of it.
- *It should be* treated successfully.
- to take to your doctor.

3 Listen to the dialogue again and using the prompts below, reconstruct its main parts.

**9/11 ERYSIPELAS**1  Before listening to dialogue 9/11, read the definition of erysipelas.

An acute, febrile, infectious disease caused by a specific streptococcus, characterised by diffusely spreading deep-red inflammation of the skin or mucous membranes.

2  Listen to the dialogue and indicate how the following are expressed:

- a) acute
- b) febrile
- c) diffusely spreading

.....
.....
.....

3 Complete the sentences using the prompts in brackets.

- a) I see that
- b) It's difficult for you
- c) I think the problem
- d) We'll require
- e) It should settle
- f) You should

.....*your face is swollen and red*(face)
.....(eye)
.....(disease)
.....(admission, hospital stay)
.....(prognosis)
.....(discharge)

9/12 SCABIES

1  Before listening to dialogue 9/12, study this list and write P if you think it is said by the patient and D if you think it is said by the doctor.

- a) It's driving me absolutely wild.
- b) It doesn't seem to be helping.
- c) The itch is from head to toe.
- d) You certainly seem to have evidence of scabies.
- e) There are burrows.
- f) I'll extract one of the mites.
- g) It must be applied to all the skin creases.
- h) It should settle.

2  Listen to dialogue 9/12 and check your answers.

3 Make notes using the headings below.

- a) symptoms
- b) onset
- c) treatment
- d) affected parts

.....
.....
.....
.....

9/13 GOOD AND BAD NEWS

1  Listen to the doctor giving good and bad news to patients (9/13/A, B, C) and complete the table below with the phrases used to express the following.

- a) introductory sentence
- b) findings
- c) action
- d) follow-up

(A) GOOD NEWS	(B) INTERMEDIATE NEWS	(C) BAD NEWS
a) – <i>I'm pleased to tell you.</i>		
b)		
c)		
d)		

9/14 REFERRAL

1  In the referral below, fill in the blanks with the correct form of the verbs.

Thank you for seeing this young man who (a)..... (have) acne on his chest which seems unresponsive to the usual treatments. He (b)..... (receive) treatment with oxytetracycline and erythromycin together with some Dalacin. The last-mentioned was very successful at first but it seems now (c)..... (lose) its effect. I (d)..... (now begin) to wonder if acne is a true diagnosis and I (e)..... (be) very grateful for your advice about him.

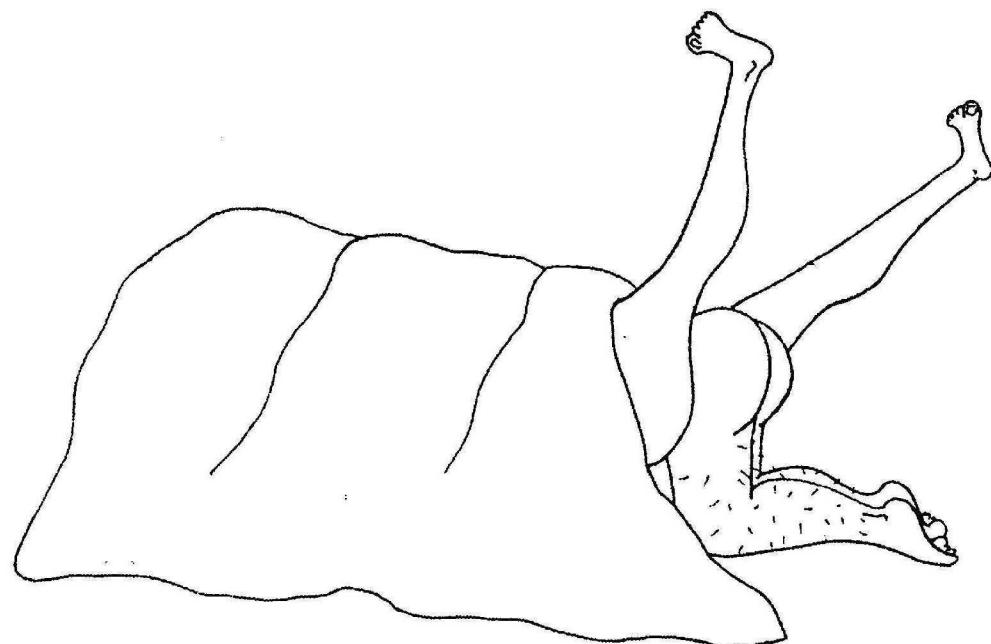
2  After listening to the GP and the consultant, write the referral which the GP sends to the hospital remembering it should contain a brief outline of history, symptoms and signs.

Unit 10

GENITOURINARY INFECTIONS

Contents

- 1 GENITAL HERPES
- 2 VAGINAL INFECTIONS AND DISCHARGE
- 3 GENITAL WARTS
- 4 HIV
- 5 ADVICE TO A HOMOSEXUAL MAN



10/1 GENITAL HERPES

1  Before listening to dialogue 10/1 say whether the following are true or false.

- a) With herpes, blisters develop on the skin and mucous membranes.
- b) The most common sites are the external genitalia.
- c) It develops when tissues have been weakened by high body temperature or other irritation.
- d) It does not develop by constant rubbing of a particular spot of skin or mucous membrane.
- e) It will not disappear without treatment.
- f) Application of a camphorated ointment occasionally brings some relief.
- g) It should not be picked at.
- h) Lotions, ointments, salves, dabs are best used continuously even after herpes clears up.

2  Listen to what the doctor prescribes in dialogue 10/1.

3 After listening to the dialogue complete the sentences.

- a) Do you mind if
- b) Could you please
- c) I'm now going to
- d) I think that you have
- e) You would benefit from
- f) I think the best thing for you would be
- g) I would also suggest
- h) You may also find it helpful.....

4 Listen to dialogue 10/1 again and

- a) ask the patient's permission to examine her.
- b) ask her to undress.
- c) explain to the patient what is going to happen to her.
- d) explain your findings to her.
- e) list the possible treatments.
- f) ask the patient for a urine sample.
- g) tell her when to return for her next check-up.

10/2 VAGINAL INFECTIONS AND DISCHARGE

1  Before listening to dialogue 10/2, tick the points and information that are characteristic of gonorrhoea.

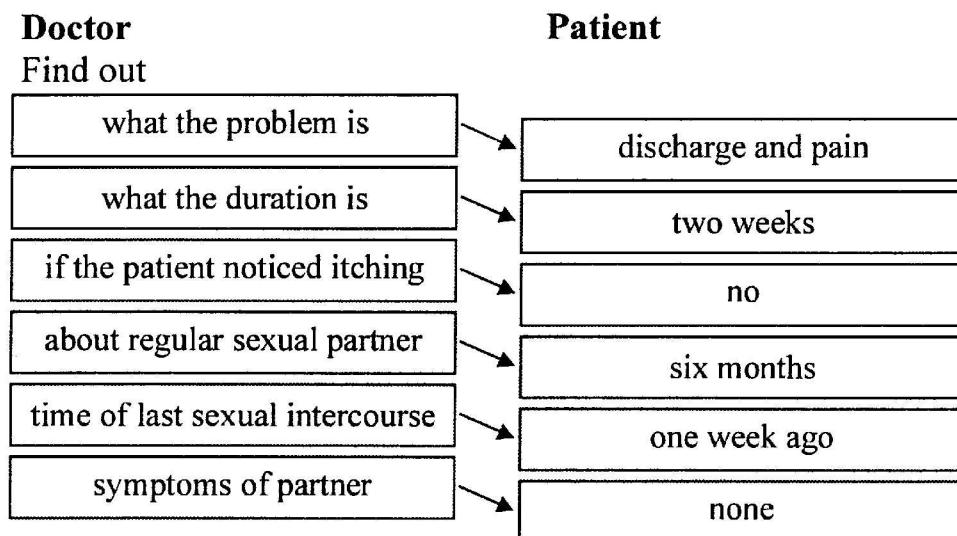
- a) The most common and most curable venereal disease.
- b) It's caused by a specific microbe, the gonococcus.
- c) Partners always have symptoms.
- d) Little girls have no risk of vaginal infection.
- e) It's transmitted by sexual contact.
- f) It's painful for a male to pass water.
- g) The mucous membranes of the eye are particularly susceptible to gonorrhoeal infection.

2  After listening to the dialogues complete the table below.

	female	male
symptoms		
onset	<i>two weeks after infection</i>	
last intercourse		
partners		<i>casual</i>
partner's symptoms		

3  Listen to both dialogues again and complete the table below with the questions, instructions and advice from the second dialogue that are used when addressing a male patient.

female	male
1 Do you have a regular sexual partner?	
2 When was the last time you had sexual intercourse?	
3 Does your partner have any of these symptoms?	
4 It's important that you avoid alcohol.	<i>I would advise you not to take any alcohol.</i>
5 You need to return to the clinic in two weeks' time.	
6 We can check if this infection has cleared up.	
7 We will give you the results of your other tests.	
8 You will be asked to speak to the contact tracer.	
9 You will be asked to provide a specimen of urine for testing.	
10 You will be asked to take a routine blood test.	

4  Listen to dialogue 10/2/A again and make up a dialogue based on the flow chart.

5 You are about to examine your patient. Complete the following sentences to explain what you are going to do.

- a) I'd like to.....
- b) I'll need to ask you.....
- c) I'm going to take

10/3 GENITAL WARTS1  Before listening to dialogue 10/3, write a referral to a specialist in urogenital diseases using the correct verb forms.

I (a)..... (be) grateful if you (b)..... (can see) this man who (c)..... (notice) some small lumps in the genital area. I (d)..... (examine) him today and this (e)..... (suggest) that this person (f)..... (have) genital warts and I (g)..... (be) grateful if you (h)..... (can see) him in the near future for treatment as required. Thank you for your help.

2  Listen to dialogue 10/3.

3 Complete the following sentences.

I would be grateful		undress and sit up on the couch for me.
	to make sure	you don't have any other infections along with the warts.
Once I've seen the warts	I'll decide	
I also think it's very important		to make sure that he doesn't also have genital warts.

4 Listen to the dialogue again and answer the questions.

- a) How can genital warts be treated?
- b) When do you have to wash the paint off?
- c) What can happen if the patient leaves it on for longer?
- d) When does the patient have to return to the clinic?
- e) What will be available by that time?
- f) How were the warts contracted?
- g) Will the warts disappear for good?
- h) What does the doctor suggest for future sexual intercourse?

10/4 HIV

1  Listen to the doctor's explanation to a patient diagnosed having Chlamydia and circle the correct answers below.

The dialogue indicates that

- a) A *Chlamydia* is a disease which common people have.
B *Chlamydia* is a disease which everyone has in common.
C *Chlamydia* is a disease which is commonly found.
- b) A Different sexually transmitted diseases disappear at the same time.
B Different sexually transmitted diseases are often found in the same patient.
C Different sexually transmitted diseases are the cause of other problems.
- c) A The HIV test must be taken by everyone with an STD.
B The HIV test must be taken by the whole population.
C The HIV test must only be given to those who ask for it.

10/5 ADVICE TO A HOMOSEXUAL MAN

1  Listen to the doctor's advice to a man diagnosed as having rectal gonorrhoea, and match the words from the text with their synonyms below.

a) prone to	A your approval, your consent
b) advise you to	B give you, recommend that you have, suggest that you have
c) perform them	C catch, develop
d) your agreement	D likely to get, open to
e) implications	E carry them out, do them
f) fully	F possible developments, exact meaning
g) offer you	G in detail, completely
h) contract	H would recommend (you to have), suggest that you have, encourage you to have

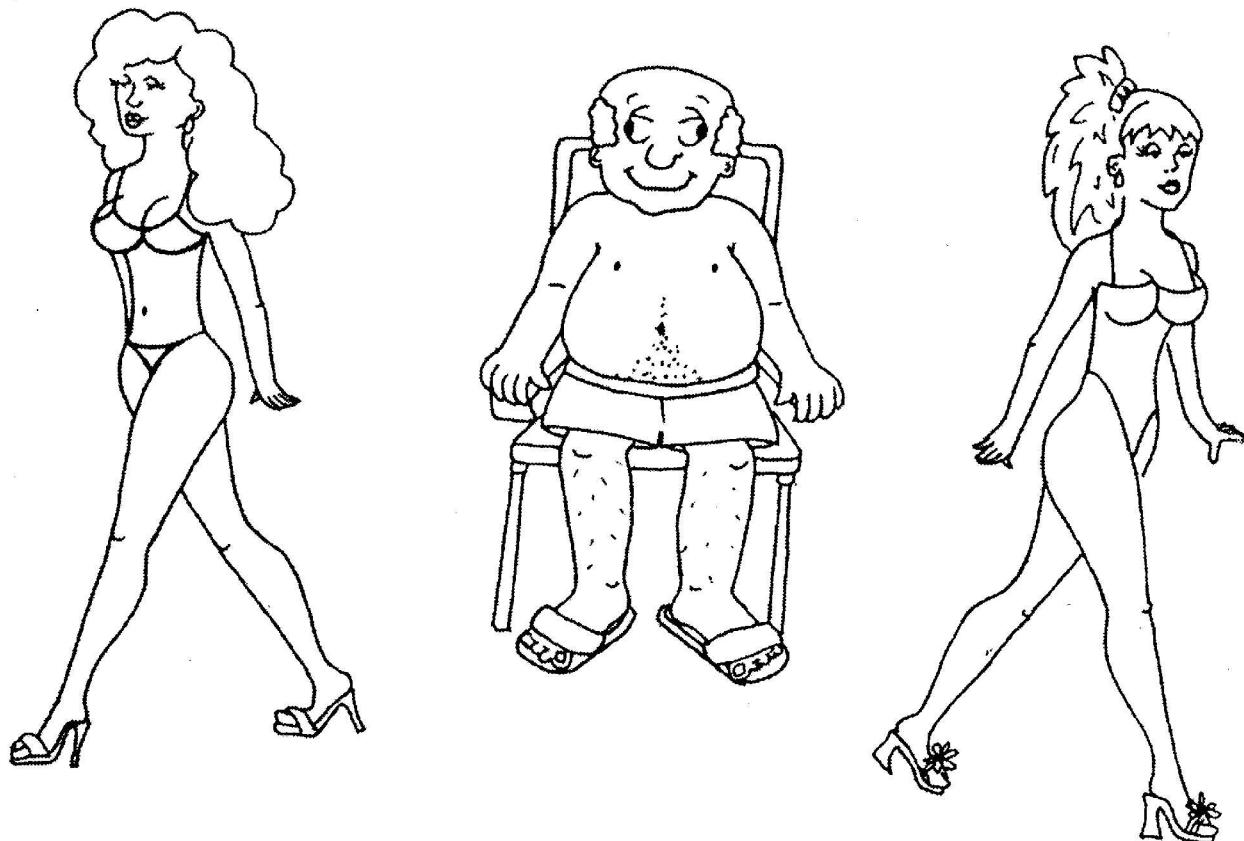
2 Say in your own words what you think a "booster injection" is.

Unit 11

OPHTHALMOLOGY

Contents

- 1 MOST COMMON COMPLAINTS
- 2 REFRACTIVE ERRORS (A, B, C, D)
- 3 EYE TESTS (A, B, C, D, E, F, G)
- 4 CHALAZION, HORDEOLUM / STY(E)
- 5 CORNEAL ABRASION
- 6 IRRITIS
7. CATARACT
- 8 GLAUCOMA
- 9 RETINAL DETACHMENT
- 10 MACULAR DEGENERATION
- 11 RETROBULBAR NEURITIS
- 12 EYE INJURIES
- 13 DIPLOPIA, STRABISMUS
- 14 TUMOUR OF THE EYE, BLIND REGISTRATION
- 15 REFERRAL



11/1 MOST COMMON COMPLAINTS

1  Listen to the patients' complaints and list the typical eye complaints mentioned.

1 <i>deteriorating vision</i>	8
2	9
3	10
4	11
5	12
6	13
7	14

2 Listen to the recording again and put the complaints into the four categories.

- a) visual disturbance
- b) alteration in appearance
- c) double vision
- d) disturbance at lacrimal apparatus

11/2 REFRACTIVE ERRORS

1  Match the following diseases with their definitions.

a) myopia	A visual disturbance due to ageing
b) hypermetropia (Br) / hyperopia (Am)	B short-sightedness (Br) / nearsightedness (Am)
c) astigmatism	C long-sightedness (Br) / farsightedness (Am)
d) presbyopia	D distortion of images

2  You will hear a doctor explaining about refractive errors (11/2/A,B,C,D). Put them in the order you hear them.

- a) myopia
- b) presbyopia
- c) astigmatism
- d) hyperopia

3 Fill in the missing words in the text below.

When you get to about 40, 50, 60 you often (a) glasses for reading, because the (b) which change the (c) of the lens of the eye become (d) and the (e) to get things into (f) focus decreases. The (g) cause is the hardening of the lens so the (h) of the lens is greatly decreased.

11/3 EYE TESTS

1  You will hear the doctor carrying out some tests on the eye (11/3/1,2,3,4,5,6). Below is a list of tests. Put the number of the test against its correct name.

a) colour vision	b) perimetry	c) visual acuity
d) tonometry	e) slit lamp	f) pupil dilatation and fundus examination

2 Check the visual acuity of the patient and complete the doctor's statements.

- a) I'll cover.....
- b) Do you see the chart
- c) Just start reading.....
- d) Would you cover your.....
- e) Just read.....

3 Fill in the blanks with the appropriate prepositions.

Will you put your chin the rest here and your forehead the bar. Now that you are sitting comfortably, can you see my left ear? Always keep your eye fixed my ear. Don't take your eye my ear. Look straight Now look Now look

4 Answer the following questions.

- a) Why do we put drops into the eye?
- b) How many minutes does it take for the drops to work?
- c) Is the vision blurred for a long time?
- d) When does the pupil of the eye get back to normal?

5 Find the synonymous phrases for the items below.

- a) cause slight discomfort
- b) lack of clarity of vision
- c) the effect diminishes and disappears
- d) dilate and enlarge the pupils
- e) see the inside of the eye

6 The statements below are not in the right order. Put the sentences below into the correct order.

- a) You won't feel anything because I'll put some anaesthetic drops in first.
- b) We have a small device that touches the front of the eye.
- c) We just have to check the pressure in the eye.
- d) It's important not to squeeze the eyes or to blink.
- e) Don't be worried.

7 Test the central visual field of your patient. Use the following verbs to instruct your patient.

cover sit look at hold out wiggle look at point

11/4 CHALAZION, HORDEOLUM / STY(E)**1  Chalazion can be treated in different ways. Which of them are mentioned by the doctor?**

- a) warm compress
- b) steroid injection
- c) surgical incision and excision

2 After listening to 11/4, complete the following sentences.

We'll	put on a patch put some local anaesthetic make a small cut in the inside of the eyelid	to
-------	--	----	-------------------------

11/5 CORNEAL ABRASION

1  A patient comes to you with a corneal abrasion. After listening to 11/5...

- explain the problem to the patient.
- tell him about your plan for his treatment.
- tell him about the anaesthetic and its effect.
- tell him how long you want him to wear the patch.
- advise him of possible recurrence.

2 Give the patient some information about his condition. Fill in the blanks using the words given in the box.

anaesthetic bandaged happens healing movement open up scratch

You have quite a deep (a) on the surface of your eye which is giving you so much pain. We'll have to keep your eye (b) for several days and I want you to come and see me every day so that it can be dressed. When the anaesthetic wears off it will be quite painful but we can't give you too much (c) because it prevents the eye from (d)..... . Try not to use your other eye too much because both eyes move together and any (e) will be painful and it slows down the healing process. It should heal up within a few days but since it is a deep scratch it may (f) again on its own. You may particularly feel pain when you wake up in the morning. If that (g) come back and see me.

11/6 IRITIS

1  Listen to 11/6 and list the effects and side-effects of the following drops.

	steroid drops	dilator drops
effects		
side-effects		<i>big pupil</i>

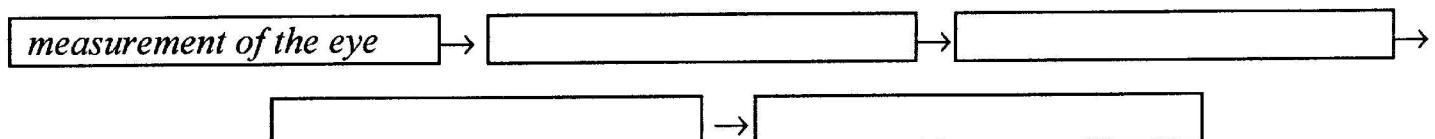
2 Explain to your patient how iritis is cured.

11/7 CATARACT

1  Listen to the dialogue and circle the answer that you hear.

a) Symptoms of cataract:	b) Cataract is related to	c) Cataract is treated with
A poor night vision	A ageing of the eye	A protection from excessive sunlight
B light sensitivity	B family history	B a change of glasses
C painless blurred vision	C diabetes	C exercises
D double vision in one eye	D injury to the eye	D surgery

2 Write down the different steps of cataract surgery.



3 A patient comes to you with a cataract.

- a) Explain to him what a cataract is.
- b) Recommend an operation.
- c) Tell him about the operation.
- d) Tell him about the possible outcome of such an operation.

11/8 GLAUCOMA

1  Below are the most important risk factors for glaucoma. Before listening to 11/8/A and B, form questions to ask the patient about the following factors:

- a) age
- b) myopia
- c) a family history of glaucoma
- d) past injuries to the eye
- e) a history of severe anaemia or shock
- f) African ancestry

2  Listen to the doctor's explanation (11/8/A and B) and fill in the table to differentiate open-angle glaucoma from closed-angle glaucoma.

	glaucoma simplex (open-angle glaucoma)	congestive (closed-angle glaucoma)
symptoms		
complications		
monitoring		
treatment		

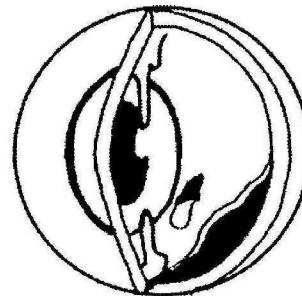
3 What phrases did the doctor use to convey the information below?

- a) Damage caused by glaucoma cannot be reversed.
- b) Glaucoma is usually controlled with eye drops.
- c) Eye drops, pills and laser and surgical operations are used to slow down the process of deterioration.
- d) Periodic examinations are very important.
- e) You must take the medication regularly and continuously.
- f) Chronic open-angle glaucoma can damage vision so gradually and painlessly that you are not aware of trouble until the optic nerve is already badly damaged.

11/9 RETINAL DETACHMENT

1 Listen to 11/9 and answer the questions.

- a) To what does the doctor compare the eye in order to explain to the patient about retinal detachment?
- b) How is the operation performed?
- c) What is the outlook after the operation?



2 Using the diagram, explain in your own words what happens in retinal detachment.

11/10 MACULAR DEGENERATION

1 After you have listened to the dialogue, indicate what terms the doctor uses to express the following.

- a) it does not result in total blindness
- b) continue to have some useful vision
- c) the patient is able to take care of himself
- d) the body's natural ageing process

.....
.....
.....
.....

2 Explain to the patient the difference between atrophic and exudative macular degeneration. You will find key words and phrases in the box below.

atrophic	exudative
dry	wet
ageing	leaking
thinning	abnormal blood vessels
gradual vision loss	rapid vision loss

3 Listen to the dialogue again and note down what the doctor says to reassure the patient.

e.g.: There is no danger of going blind.

11/11 RETROBULBAR NEURITIS

1  **What causes of retrobulbar neuritis are mentioned in the dialogue? List all of them.**

.....

2 **The patient may ask you the following questions. Match the questions with the appropriate answers and form sentences if necessary.**

- a) What is optic neuritis?
- b) Is there a chance that this will recur?
- c) What could cause my problem?
- d) What symptoms can I expect other than blurred vision?
- e) Will I experience pain?
- f) What treatment will I receive?

- A dim vision, dull, faded colours
- B multiple sclerosis, viral infections, alcohol, nicotine, drugs
- C normal recovery, but natural recovery is usual, corticosteroids in serious cases
- D inflammation of the optic nerve
- E yes, it may
- F yes, especially when moving the eyes

11/12 EYE INJURIES

1  **You will listen to patients' eye complaints. Circle only those complaints where the doctor would advise you to wear protective goggles while you work.**

1 2 3 4 5 6 7 8 9

2 **Underline the seven verbs used by patients when describing accidents.**

- a) fly b) glide c) poke d) scratch e) shoot f) spatter g) spark h) splash i) spray

11/13 DIPLOPIA, STRABISMUS

1  **Name three causes of strabismus in adults.**

.....

2 **Explain to the patient what the following conditions are.**

- a) esotropia
- b) exotropia
- c) ambylopia
- d) pseudostrabismus

-
-
-
-

3 Below are four phrases describing strabismus. Indicate which of them refers to both eyes being misaligned.

a) she has a bad squint b) she squints badly c) she is cross-eyed d) she has a bad cast in one eye

4  Listen to 11/13/A and B, and discuss in small groups.

What would be the effects of nontreatment of amblyopia?

11/14 TUMOUR OF THE EYE, BLIND REGISTRATION

1  Listen to the recording (11/14/A,B,C) and complete the following table.

	cause	treatment	outlook
A			
B			good
C	<i>melanoma</i>		

2 Explain to the patient why a biopsy is necessary using words such as

tumour, check up, perform, suspect, diagnosis

3 Complete the following sentences, and then listen to the recording again and practise saying them.

a) It's not all bad news because

b) There's a 95 % chance that

c) This melanoma is still in an early stage so.....

d) We'll be able to treat your melanoma without.....

e) It's highly unlikely that.....

f) I'm sorry to have to tell you this but.....

g) It's in an advanced stage so it's very likely that.....

h) There is a high chance that once we take the eye out

i) Although you'll have lost your eye.....

4 What advantages do you think that registering as blind would give to an individual in your country?

11/15 REFERRAL

1 On the basis of the referral below, write the dialogue between a doctor and patient which elicited the information.

Many thanks for seeing this 35-year-old man who was noted to have high intraocular pressure when he visited his local optician. He denies any pain, redness or blurred vision in either eye. There is no family history of glaucoma and nothing significant in his past medical history other than an appendectomy at age 10. On examination, he has normal pupil reactions, deep anterior chambers and normal optic discs. The IOPs were measured at 29 mm/Hg, R eye and 27 mm/Hg, L eye. I am not sure how urgently you feel it is necessary for you to see him again.

Unit 12**NEUROLOGY****Contents**

- 1 TYPICAL SYMPTOMS (A, B, C, D, E)
- 2 NAMES OF INSTRUMENTS
- 3 ASSESSMENT OF HIGHER MENTAL FUNCTIONS
- 4 EXAMINATION OF THE CRANIAL NERVES (A, B)
- 5 EXAMINATION OF THE ARMS (A, B, C)
- 6 EXAMINATION OF THE LEGS (A, B, C, D)
- 7 HEADACHE
- 8 HEAD INJURY
- 9 EXPLAINING NEUROLOGICAL PROCEDURES
- 10 REFERRAL



12/1 TYPICAL SYMPTOMS

1  Listen to the patients' complaints 12/1/A,B and C paying attention to the phrases the patients use to describe their symptoms and complaints. Then complete the tables below.

I have	.....	headache
	.....	balance
	.... <i>a terrible</i>	memory
	.....	blackouts
	.....	vision

I have	trouble	.....
	difficulty	.....
	problems	.... <i>concentrating</i> ,
I've been having		.....
	
	

I My neck My arm(s) My leg(s) My toes My muscles	feel(s)	.....
	
		.... <i>stiff</i>
	
	
	

My vision Food I My face	seem(s)	... <i>blurred</i>
	
	
	

My leg My arm My hand/s My face My eyes	.... <i>drags</i> .....	.
	
	
	
	

My foot My muscles My mouth	is/are	.....
		.... <i>sore</i>
	

2 Listen to the patients' complaints in 12/1/D,E and write five questions the doctor might ask.

12/2 NAMES OF INSTRUMENTS USED IN NEUROLOGICAL EXAMINATION

1  Listen to the names of the instruments and match them with their uses.

1 visual acuity chart	A to test palatal sensation
2 ophthalmoscope	B to look into ears
3 auriscope	C used in testing visual acuity
4 tongue depressor	D to examine with a light touch
5 orange stick	E to test vibration sense
6 wisp of cotton wool	F to look into the back of the eye
7 sterile neurological pin	G to elicit deep tendon reflexes
8 tuning fork	H to test skin sensation
9 tendon hammer	I to examine the tongue and the back of the mouth
10 patellar hammer	

2 Practise telling your patient what you are going to do with the instrument.

e.g. I'm going to look into your ears with this auriscope.

12/3 ASSESSMENT OF HIGHER MENTAL FUNCTIONS

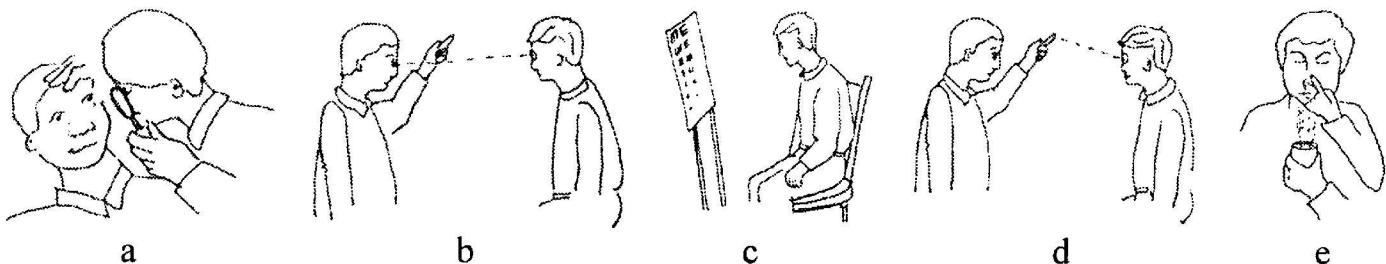
1  Formulate three questions a doctor might ask when assessing higher mental functions.

2  Listen to the questions the doctor asks, focusing on the way he begins his questions.

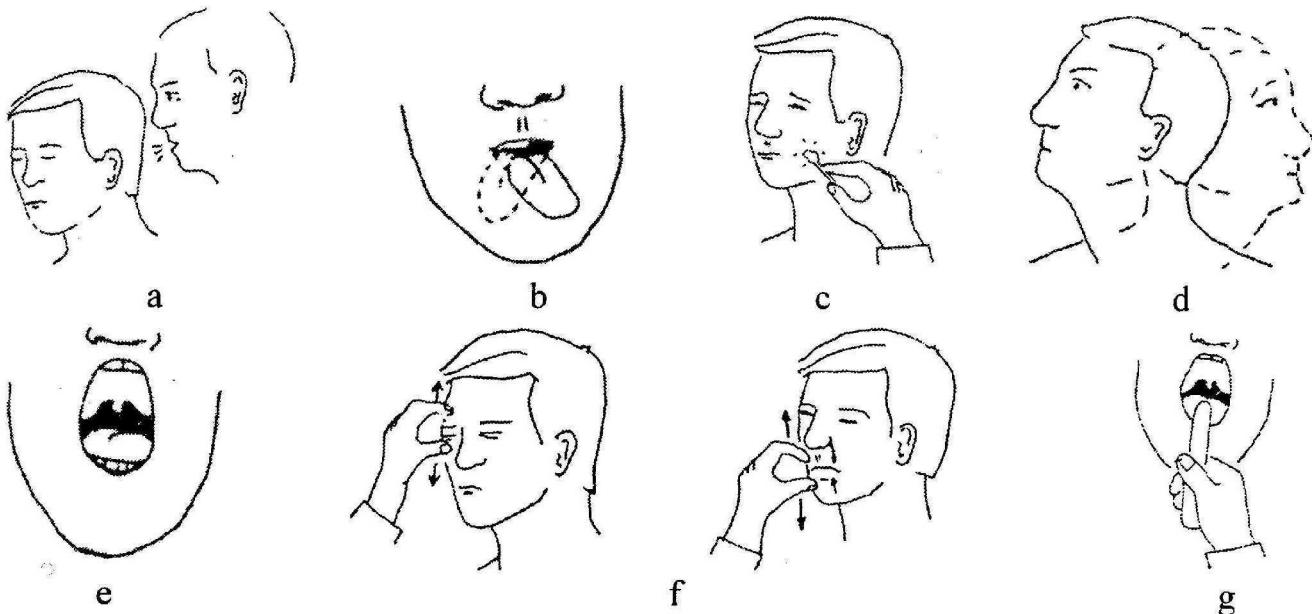
- *Can you tell me* your name and address?
- some simple questions.
- what day of the week it is today.
- an imaginary name.
- the name after five minutes.
- repeat the name to me.

12/4 EXAMINATION OF THE CRANIAL NERVES

1  Listen to the instructions given by the doctor when examining a patient's sense of smell, vision and visual fields in recording 12/4/A. In each case you will also hear a number. Write it under the appropriate picture. Then practise giving the instructions.



2  Listen to recording 12/4/B for the instructions given during the examination of the trigeminal- and facial- nerve functions, assessing the vestibulo-cochlear, glossopharyngeal and vagus, hypoglossal, and accessory nerves. Then number the pictures and practise giving the instructions.



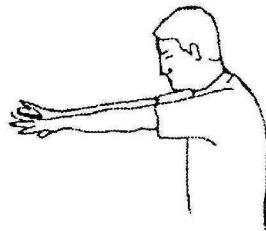
12/5 EXAMINATION OF THE ARMS

1  After you have listened to the doctor's instructions in 12/5 during the examination of the arms, complete the sentences below:

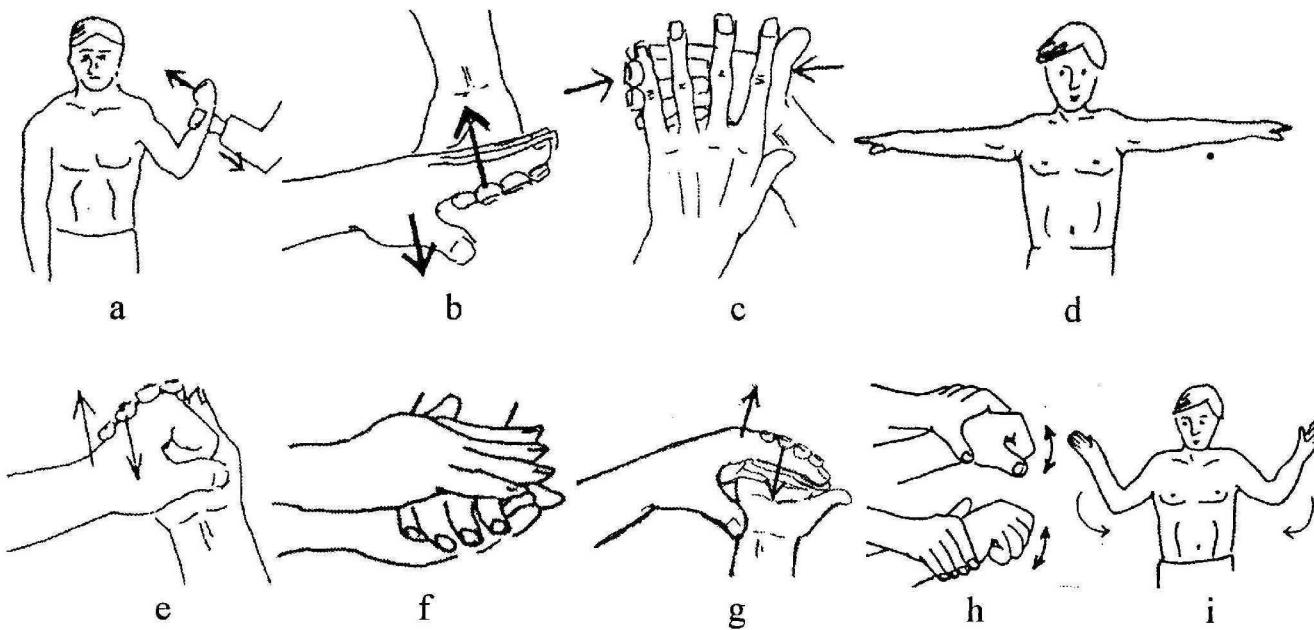
Now we are moving on to examine ...

Start by putting both arms out ...

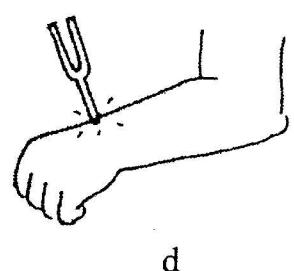
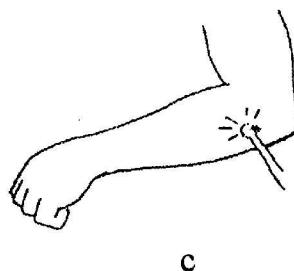
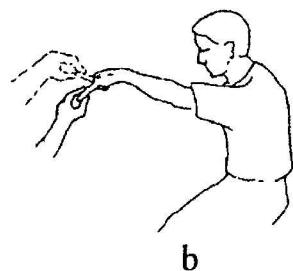
Let me assess the co-ordination in your arms ...



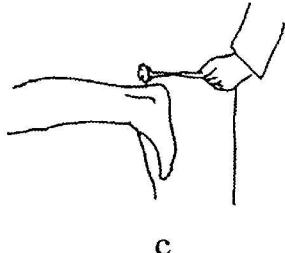
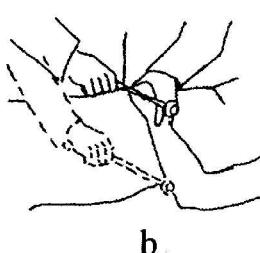
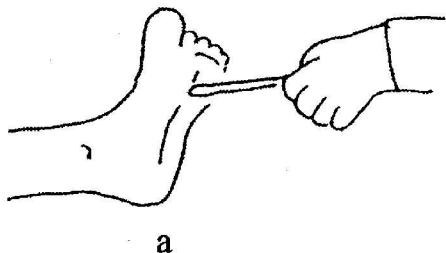
2  Number the pictures as you listen to the instructions in recording 12/5/A given by the doctor when examining a patient's muscular strength.



3  Number the pictures as you listen to the instructions in recording 12/5/B given by the doctor when examining a patient's skin sensation.

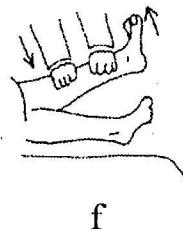
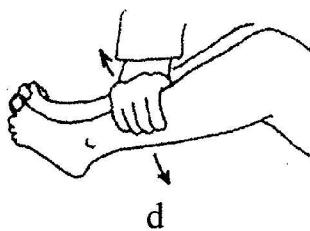
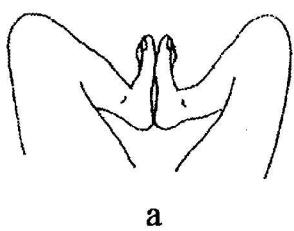


4  Number the pictures as you listen to the instructions in recording 12/5/C given by the doctor when examining a patient's reflexes.

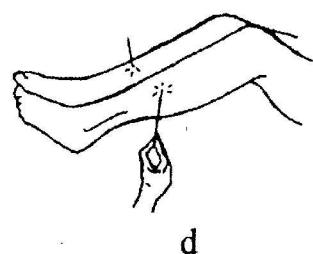
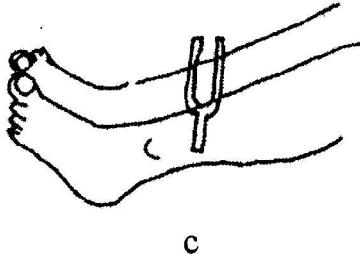
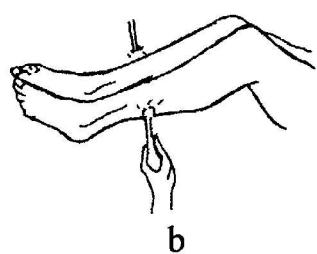
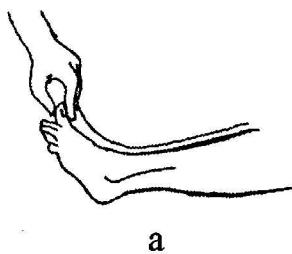


12/6 EXAMINATION OF THE LEGS

1  Number the pictures as you listen to the instructions in recording 12/6/A, B and C given by the doctor when examining a patient's walking, muscle tone and ankles.



2  Number the pictures as you listen to the instructions in recording 12/6/D given by the doctor when examining a patient's sensation.



3 Complete the following table:

What is the doctor going to do?	What is the patient supposed to do or feel?
touch a piece of cotton wool to the leg	<i>shut eyes</i>
use a pinprick to test sensation	
press the tuning fork onto the bones	
wiggle the big toe up and down	

12/7 HEADACHE

See section 1/6 in Internal Medicine.

1  Listen to dialogues 12/7/A and B and complete the following table about the differences between migraine and tension headaches.

	migraine	tension headache
site of pain	<i>one-sided</i>	
time and duration of pain		
character of pain		<i>band around the head</i>
accompanying factors		
relieving factors		
family		

12/8 HEAD INJURY

1  What essential information must the doctor have concerning a head injury? Write out five questions the doctor might ask the patient.

- a)
- b)
- c)
- d)
- e)

2  Listen to the dialogue about an aneurysm and fill in the table.

findings	doctor's suggestion	description of procedure
	<i>operation</i>	

3 Using the table above and the phrases below, tell the patient what you have found, what you suggest and why.

- a) The tests have shown.....
- b) We need to do.....
- c) What we'll do is.....
- d) Then we'll.....

4 Complete these statements to explain to the patient what the scans show.

- a) Your headache was due to
- b) There is a weak area on the wall of one of the blood vessels, which.....
- c) To stop this from happening again
- d) We'll identify the blood vessel with the weak area and then

12/9 EXPLAINING NEUROLOGICAL PROCEDURES1  Before listening to the descriptions, write down the abbreviations for the following procedures.

	a) tracing of the electrical activity of the brain
	b) to look at the efficiency with which the nerves are working
CT	c) scan of the brain
	d) special scan of the brain based on magnetic resonance
	e) to examine the fluid surrounding the brain and the spinal cord

2  Listen to the explanation in recording 12/9/A about EEG and fill in the gaps with verbs.

I'm going to (a) for you to have a special test of the electrical activity of the brain which is (b)..... an EEG or electroencephalogram.

We'll (c) you to (d) on a couch and then the technical staff will (e)..... you up to about 20 small electrodes which we (f) to the surface of the head using special glue. We'll then just (g) you to (h) and (i)..... still while a special machine (j) the electrical activity of the brain. Sometimes during this test we'll (k) you to (l) very fast to (m) if that (n) the electrical pattern that we (o) We'll also (p) a

bright light very quickly because this also can (q) the pattern of electrical activity that we (r) on the tracing that we (s)

3  Listen to recording 12/9/B about EMG and fill in the gaps with nouns.

We're going to do some small electrical tests to look at the (a) with which the (b) are working. The first stage of this test is to measure the speed of (c) of impulses in the nerves. To do this we'll connect you up to some (d) and give you a very small electrical (e) We can then measure the (f) of time it takes for the (g) to travel through the nerve and the (h) will record it on the (i) This feels like a tickle and is not unpleasant. As we increase the (j) you may feel a small electrical shock that will make your (k) or your fingers jump.

The second stage of the test is to measure the electrical (l) in the muscles themselves. This is called an EMG. We need to put a small (m) under the (n) into the (o) and then I'll ask you to move some of your muscles. This will then allow me to record the (p) of the electrical activity in the muscles on the (q)

4  Before listening to recording 12/9/C about a lumbar puncture, put the following steps into the right order.

- I take off some of the spinal fluid.
- I collect samples of the fluid.
- You lie down on your left.
- I put a fine needle between the bones of the back.
- You lie flat after the puncture to reduce the headache.
- I clean the skin with some antiseptic solution.
- You feel some pressure.
- I put a small plaster over the site of the lumbar puncture.
- I give you some anaesthetic into the skin.
- I take out the needle.
- I measure the pressure in the fluid.

5  Listen to the doctor's explanations to check your sequence.

6 Using the list above and the phrases below, explain to the patient how you will perform the lumbar puncture.

- I want you to
- Then I'm going to
- You will then
- I'll
- Once I have
- Then I'll

7  Listen to recording 12/9/D about CT and 12/9/E about MRI and find four features which the two test procedures have in common. These questions may help you.

	CT	MRI
Where do the patients lie?		
What should the patients do?		
What are both machines like?		
What do both machines produce?		

12/10 REFERRAL

1  In the referral below, fill in the gaps with the words from the box.

abuse	appointment	collapse	consciousness	current	grateful
laceration	onset	postural	seizures	sensations	signs

Dear Professor Brown,

I would be (a) for your opinion of and advice on the above-named patient. A brief outline of history, symptoms and (b) is given below:

I would be grateful if you could see the above 25-year-old joiner at one of your Edinburgh clinics. He presents with a 6-month-history of intermittent episodes of odd (c) in the left side of his head associated with sudden feelings of destabilisation and imminent (d) He has never totally lost postural control and there have not been any true vertigo reports.

He links the (e) of these symptoms with an assault with a claw hammer when he was struck a blow over the left parietal region of his skull. This caused a bleeding (f) but he did not seek medical attention and he does not report any loss of (g)

When he first told me his story, he also confessed that he had an alcohol (h) problem and was drinking 30+units of alcohol per week. However, he has managed to abstain totally from alcohol over the last 10 days and blood taken for LFT is normal.

I am a little bit concerned about this man's story because his description of previous odd sensations in the left side of his head are somewhat suggestive of an aura, and I wonder if these are very minor focal (i) I would therefore be grateful for your assessment.

In the meantime I have not advised him to give up driving as he has never reported loss of consciousness or (j) control.

He works as a joiner for a wood preservation firm and is currently working in the High Court in Edinburgh, where he expects to be for the next few months. Hence the request for an (k) at your Edinburgh clinic.

He is not on any (l) medication.

2 Write out the dialogue between the doctor and the patient showing how the doctor elicited the information for the previous referral.

Unit 13

DENTISTRY

Contents

- 1 ROUTINE CHECK-UP
- 2 ROUTINE FILLING
- 3 BRIDGEWORK
- 4 BLEEDING GUMS
- 5 ORTHODONTICS
- 6 FOLLOWING EXTRACTION
- 7 NEW DENTURES, ANGULAR CHEILITIS
- 8 MOST COMMONLY SEEN DISEASES

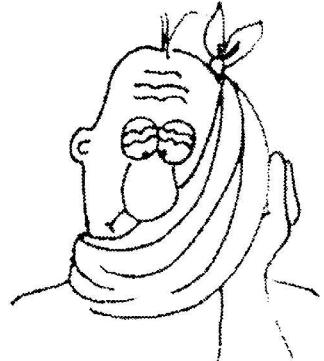


13/1 ROUTINE CHECK-UP

1 Listen to dialogue 13/1 and note the patient's complaints.

After listening to the dialogue, form the questions the dentist would ask about the following:

- a) character of the pain
- b) time of the pain
- c) sensitivity of the tooth
- d) swelling
- e) tenderness on biting



3 Listen to recording 13/1/3 and practise asking the questions.

13/2 ROUTINE FILLING

1  Listen to the dentist's explanation of the procedure in recording 13/2/A and tell the patient the following:

- a) get the patient in the chair
- b) explain to him that you intend to give him a local anaesthetic
- c) explain the difference between anaesthetics used on the maxilla and the mandible
- d) tell him about the time necessary for the anaesthetic to take effect
- e) explain that you are intending to take the calculus off

2 Listen to recording 13/2/B and complete the sentences.

I'm going to	take out the old filling	.....
	wear my protective glasses	.....
	put the ejector into your mouth	.....
	use a slower drill	.....
	use an excavator	.....

3  Before listening to recording 13/2/C, arrange the following steps in chronological order.

- a) I'd like you to bite very gently on the filling.
- b) I'm going to put the matrix retainer around the tooth.
- c) I have removed the old filling.
- d) I'm going to grind a bit off the filling.
- e) I'm going to put in a lining layer.
- f) I'm going to put in the amalgam.
- g) I'm going to take out the decay under the filling.

4  Listen to recording 13/2/C and check your answers.

5 What sort of explanation and instructions do you give to the patient after a filling?
Complete the statements below.

- a) Can you try not to.....
- b) Just for 2–3 hours will you.....
- c) By tomorrow morning it will be.....

6 After listening to recordings 13/2/A,B and C again, write down the names of five instruments mentioned by the dentist and then explain what they are used for.

a) .....	.....
b) .....	.....
c) .....	.....
d) .....	.....
e) .....	.....

7 Read how a dentist describes a routine filling. How would a doctor explain it to a patient?

First I have the patient sit in the chair and give them a topical anaesthetic either in the form of a spray or I put some topical anaesthetic generally to pledge it to a cotton wool which I put in the buccal sulcus. I leave it for a minute, and I give them an injection. If it is an upper tooth, I use an infiltration anaesthetic. If it is a lower molar or premolar, I give them an ID block. I usually wait 1–5 minutes for it to go numb.

If the teeth need scaling, I scale them. This process usually takes 3–4 minutes by which time the tooth will be quite numb. My nurse and I work four-handed; she deals with the exhausto and retracts the lips and cheeks for me. If it is too sensitive, I tell my patient to give me a sign and I will stop. I always explain what I am doing as I am doing the filling. I use a slow rotating motor when I take the old filling out and an excavator to excavate the caries. Then I place a lining which can be a calcium hydroxide base lining. I quite often use a lacquered glass ionomer cement as a base for the filling. Once it has been placed and has set by itself chemically, the matrix band is applied with an interdental wedge if necessary and the filling will be inserted. Afterwards, I advise them not to eat for 2–3 hours depending on the size and material of restoration. If the filling is particularly large, it may be sensitive or touchy for a few days. Sometimes the sensitivity can last for weeks. Normally, any sensitivity diminishes as the tooth heals up inside.

13/3 BRIDGEWORK

1  Listen to the dentist's explanation in recording 13/3 and give brief answers to the following questions.

- a) What is bridgework?
- b) What is meant by crownwork?
- c) What is the false tooth welded onto?
- d) What are the two types of bridges?

2 Explain the differences between fixed-fixed bridges and adhesive bridges.

fixed-fixed bridges	adhesive bridges

3 Give instructions to the patient while taking an impression. Use the following verbs:

take, fill up, put, breathe, relax

13/4 BLEEDING GUMS

1  Listen to the doctor's explanation and indicate which problems the following treatments are used for.

- a) Flagyl
- b) Corsodyl
- c) brushing

2 Complete the following sentences:

- a) Bleeding gums can be caused by
- b) The natural build-up of calculus is normal but
- c) I'm going to scale your teeth to
- d) Vincent's angina is necrotizing gingivitis
- e) Once we have removed the calculus
- f) Although Corsodyl is an effective mouthwash

- A we can restore the gums.
- B it tends to discolour the teeth.
- C not enough brushing.
- D get off the hard deposit.
- E it has to be removed.
- F so it is a severe infection.

3 Explain the following to the patient.

- a) cause of bleeding gums
- b) removal of calculus
- c) different types of infection

13/5 ORTHODONTICS

1  Before listening to recording 13/5, complete the text using the prepositions from the box.

about	after	against	ahead	around	away	between	for (x3)
in	out	of	on	onto	through	to	with

OK Come in. So, you're not very happy 1 the appearance of your teeth. You seem to think they're sticking 2 a bit. OK This is what we do when we have a problem like this. First 3 all, we'll take some impressions 4 your teeth, that means make some

plaster models of them. We'll also take some X-rays and a couple of photographs and then we can study these carefully, and eventually decide if you need any treatment. But we have to go 5 these initial planning stages.

If we decide, or should I say, if you decide, that you'd like to go 6 7 some orthodontic treatment, straightening your teeth, then there are two types of braces or appliances that we can use. One is a fixed appliance: that's an appliance which stays 8 all the time. Nowadays, we actually stick this, almost glue it, 9 your teeth, and that locks 10 your teeth. Then we put wires 11 the teeth which can move or rotate the teeth 12 the way that we want.

The other type of appliance that we use is called the removable appliance, and this is one that you can put 13 and take 14 15 cleaning. One very important point you have to remember 16 any appliance is you've got to keep your teeth clean. If it's a fixed appliance this is even more important, because you can't take it 17 to clean it so you have to be very, very careful 18 brushing.

Also, the fixed appliance can rub 19 your cheeks or 20 your gums. 21 that case, if that were to happen, I'll give you some soft red wax which you can pack 22 the appliance which sort of pads it and stops it rubbing. OK Well, I think that's all you need to know 23 now. Let's go 24 and take the impressions.

Now that you have had the brace fitted, you're going to have to be extra careful 25 cleaning your teeth. Your oral hygiene will have to be very good. Maybe your teeth will feel rather tender 26 a few days. This means that the brace is doing its job, and the teeth are beginning to move. The soreness will go 27 28 a couple of days. I'm going to give you some of this red wax. If your gums or cheeks get sore just put some wax 29 the appliance where it is rubbing and it will act like a plaster to protect your mouth.

- 2  Listen to recording 13/5 and check your answers.
- 3 Listen once more to recording 13/5 and complete the following sentences. Then listen again to check, if necessary.
 - a) So with the appearance of your teeth.
 - b) they're sticking out a bit.
 - c) when we have a problem like this.
 - d) what form of treatment is best.
 - e) In fact that you don't need any treatment at all.
 - f) go through these initial planning stages.
 - g) or, should I say, if you decide that you would like to go ahead with some orthodontic treatment ...
- 4 Listen to the explanation again and write down the advantages and disadvantages of the removable and fixed appliances.

removable appliance	fixed appliance

5 Give an explanation for the following phrases:

- a) orthodontic treatment
- b) appliance
- c) fixed appliance
- d) sticking out
- e) removable appliance

6 Explain to a child what orthodontic treatment is.**13/6 FOLLOWING EXTRACTION****1**  Listen to the dentist's explanation in recording 13/6 and answer the following questions.

- a) Why should a stitch be put in after extraction?
- b) Why does the doctor prescribe some mouthwash?
- c) How does bottom extraction heal as compared to top extraction?
- d) For what reasons should the patient see the dentist again?

2 Read how a dentist describes an extraction. Write the same description in the way in which he would give it to a patient.

I advise my patient not to bite because their lips, cheeks or tongue are going to be numb for a few hours. Immediately after the extraction, I always insert a cotton wool pledget, or gauze strip which I ask the patients to bite on for at least twenty minutes to allow h(a)emostasis. If there should be any bleeding within the next two–three days, I tell them to roll up a clean handkerchief, bite hard on it while sitting up for twenty minutes and the bleeding should stop. If it doesn't stop, they should contact the practice. I instruct them to keep food and drink well away from the extraction site and to chew on the other side of the mouth for at least five days in the case of a low molar extraction. They are given a prescription for benzylamine hydrochloride which can be used if the patient needed a surgical extraction and has got sutures in the gums.

3 Listen to recording 13/6 again and compare your version with ours.**13/7 NEW DENTURES, ANGULAR CHEILITIS****1**  Before listening to recording 13/7, indicate whether the following statements are true or false.

- a) Angular cheilitis means soreness at the angles of the mouth.
- b) The skin is swollen and cracked.
- c) The skin is cracked and red.
- d) It is caused by a fungal infection.
- e) The denture should not be removed for the night.
- f) After the denture is removed, it should be kept in a dry place.

2  Listen to the dentist and make notes using the headings below:

- a) complaints
- b) site of complaints
- c) cause
- d) treatment
- e) warning

3 After listening to recording 13/7 complete the text.

It always takes time and to get used to new dentures, and in the you may get a mouth. If you any ulceration, to return to the practice. Clean your dentures using , warm water and a Leave the dentures out at night because if you don't, you're denture sores, which are by candida albicans.

4 Finish the following sentences.

- a) Angular cheilitis refers to.....
- b) It is caused by
- c) I'm going to give you some lozenges.....
- d) I'm going to give you some paint.....
- e) I want you to take your dentures out at night

13/8 MOST COMMONLY SEEN DISEASES

1  Listen to the definitions in 13/8 and put the names of the diseases into the order in which they are listed. Then listen again and practise the pronunciation (13/8/B).

- a) gingivitis
- b) dental caries
- c) abscess/ulceration
- d) periodontal disease
- e) calculus
- f) acute bacterial infections

2 Explain the terms used in the above exercise to the patient.



Abbreviations:

D – doctor; P – patient; M – mother; F – father; T – technician; G – General Practitioner; C – consultant

Unit 1 INTERNAL MEDICINE

1/1 Dialogue A /B/

D: I'd like to ask you about your past medical history. Can you tell me whether you have had any childhood diseases, for example chickenpox, measles, mumps or *German measles* (Br) /rubella/?

P: When I was small, I had measles, chickenpox and whooping cough, but I don't think I ever had *German measles* /rubella/.

D: Have you ever been *in hospital* /hospitalized/ for anything, or have you ever had an operation?

P: Well, I had my tonsils /taken/ out when I was a child.

D: Have you had any major health problems since then?

P: Yes, I have diabetes.

D: When were you first *told that you had* /diagnosed with/ diabetes? What were your symptoms?

P: After I was fourteen./I was diagnosed when I turned fourteen./ I was always thirsty, tired and depressed.

D: Are you receiving any treatment for your diabetes /this/?

P: I've been *having* /getting/ insulin /shots/ ever since.

D: Are you up to date with all your immunisations? /Have you had your vaccinations?/

P: Yes.

D: Good. Let me have a look at the letter from your GP. /Did your referring physician give you a letter for me?/

P: /Yes, here it is./

1/2 Dialogue A /B/

D: As far as you know, are there any illnesses that run in your family?

P: None /Not/ that I know of, Doctor.

D: Nothing like diabetes, high blood pressure, or heart disease, stroke, cancer, mental illness or anything like that?

P: Oh, I see! My father had a heart condition, and I have two aunts who have diabetes.

D: And is your father still alive?

P: No, he isn't.

D: How old was your father when he *died* /passed away/?

P: He was 68.

D: What did he die of?

P: He had a heart attack.

D: Did he suffer for a long time with his heart condition before he died? /Did he have an ongoing heart condition?/

P: Oh no, it was very sudden.

D: And your aunts? Do you know what kind of diabetes they have? /Are your aunts taking any medications right now for their diabetes?/ Do they have to take insulin /shots/ or tablets, /oral medications/ or are they just on a diet?

P: They just take some pills, I think.

D: You are married, I see. Have you /Do you have/ any children?

P: Yes, a boy and a girl.

D: Are they healthy?

P: Yes, they are.

1/2/6

- 1 Do you have a family?
- 3 How did your father die?

- 2 Are there any illnesses that run in the family?
- 4 How is your aunt's health?

1/3/1

- 1 A Yes, a couple of bottles of beer a day.
B Some wine with my friends but only at weekends.
- 2 A I smoke three packs of cigarettes and sometimes a pipe.
B I don't smoke because it bothers my eyes.
- 3 A Yes, I have quite a stressful job.
B I just lost my job last week.
- 4 A I live in a damp basement apartment. It's usually quite cold.
B I live in a house in the countryside. It's quite sunny and quiet.
- 5 A I usually had to sit at my desk all day.
B I'm a sales clerk so I have to stand on my feet all day.

1/3 Dialogue A /B/

D: *Do you have a job at the moment? /Are you working right now?/*

P: No, I've just been *made redundant /laid off/*.

D: **Oh, I am sorry. What was your job?**

P: *I was a civil servant in Customs and Excise. /I was a manager in an import and export company./*

D: **I see. Was it an office job or were you on your feet all day?**

P: *I was desk-bound, I'm afraid. /I worked behind a desk./*

D: **Was it managerial – did you have a lot of responsibility?**

P: Yes, I was in charge of a large department.

D: **I see, quite stressful. Now tell me /sir/, do you smoke?**

P: Yes, /I do,/ unfortunately, quite a *bit /lot/*.

D: **Oh, really, how much?**

P: Oh, about *forty /two packs/ a day*.

D: **How long have you been smoking?**

P: Since I was about fourteen.

D: **Have you ever tried to give up /quit/ smoking?**

P: Yes, I've tried to *give it up /quit/* several times, but without success.

D: **What about drinking? Do you drink?**

P: Yes, sometimes with my friends.

D: **How much alcohol do you drink a day?**

P: Let's see... A couple of *pints in the pub /glasses of beer/* at lunch time, a whisky in the evening and about half a bottle of wine with *our meal /my dinner/*.

D: **That's quite a bit. How old were you when you started drinking?**

P: Oh, about 17 or 18, I suppose.

D: **What sort of house do you live in? /What about your living conditions? Where do you live?/**

P: We live in a small *flat /apartment/*. It's *our own but we are still paying the mortgage on it, of course. /We own it, but of course we are still paying the mortgage on it./*

1/3/6

- 1 I'm a maths (Br) /Am: math/ teacher at a boys school.
- 2 Yes, this is my first term teaching and I am still quite nervous.
- 3 I've been trying to give up smoking cigarettes since last December.
- 4 Every morning when I get up I need a stimulant, you know, a drink to get me through the day.

1/4/1 See Workbook.

1/4 Dialogue A /B/

D: **What seems to be the problem at the moment /today/?**

P: Well, I've been feeling *so poorly recently /ill lately/*.

D: I see. Feeling poorly /ill/. What do you mean by that?

P: I've been getting /I've been/ very short of breath.

D: Hm...How long has this been going on?

P: For about 18 months, I think.

D: And were there any other symptoms before then or did it /this condition/ start quite suddenly?

P: I hadn't noticed anything before then.

D: So you haven't experienced this symptom before? /So you didn't have any of these symptoms before?/

P: No, not that I can remember, Doctor /Doc/.

D: I see. Was there anything that seemed to cause this /them/?

P: Well, *nothing*, /no, not/ really. Except maybe it gets really bad when I go up to *London* /New York/ to see my sister.

D: Let's take a look /to begin with/. I'll listen to your heart and lungs to begin with.

1/4/5 See Workbook.

1/5/1 See Workbook.

1/5 Dialogue A /B/

D: Do you feel any pain?

P: Oh, yes, quite a bit.

D: Could you show me where it hurts?

P: Right here, Doctor, in my chest.

D: Here, hm... Is it always just in that spot?

P: No, sometimes it moves around to here.

D: I see. What kind of pain is it? Can you describe the pain?

P: Well, most of the time it feels like a cramp, but occasionally it's sharp and stabbing.

D: Does it come and go or do you have it all the time?

P: Well, it's worse at times. It seems to come over me in waves, but mostly it's there all the time.

D: Does it start suddenly or build up slowly?

P: It seems to build up gradually.

D: What do you do when you get /feel/ the pain?

P: Well, there isn't much I can do. I just have to put up with it.

D: And does anything in particular seem to bring the pain on or make it worse?

P: Well, *I find going upstairs difficult* /it's more intense when climbing stairs/. Also, when I have to cough or take a deep breath. It's terrible, like a knife stabbing me.

1/5/6 See Workbook.

1/6/1

1 Do you feel the pain at the top of your head?

3 Is the pain around your eyes?

5 Do you have any pain in your forehead?

7 Do you feel any pain around your ears?

9 Does the pain seem to be coming from your neck?

2 Do you feel any pain in your temples?

4 Is the pain at the back of your head?

6 Does the pain move to your face?

8 Does the pain spread to your neck?

10 Does the pain travel to your shoulders?

1/6 Dialogue A /B/

D: Tell me about your headache.

P: It comes and goes.

D: Can you point out the painful area?

P: It seems to be on the right side of my head.

D: How long does the headache last when you get it /it comes/?

P: It varies, it can be between half an hour and four or five hours.

P: Yes, *often I feel sick* /I am often nauseous/. Sometimes I actually *vomit* /throw up/.

D: Does the headache ever upset your eyes, for example, does your vision get blurred?

P: It's not blurry, but I get flashing lights that seem to be in the right eye.

D: What do you do when you get the headache?

P: *Well, I'm not usually able to carry on with what I'm doing* /I usually have to stop whatever I'm doing/. I have to go to a dark room and lie down.

D: Have you found any tablets /medication/ that seem/s/ to have helped?

P: Sometimes if I take an aspirin early on, it seems to help. At other times nothing seems to help much.

D: Does anybody else in your family have this type of a headache?

P: Yes, my mother used to suffer from migraines when she was younger.

D: Can you describe the character of the pain? Is it stabbing or more band-like, kind of pressing?

P: It throbs, sort of stabbing, *I suppose* /I guess/.

1/6/6

a/ Can you point out the painful area?

b/ How long does the headache last when you get it?

c/ Can you describe the nature /character/ of the pain?

d/ When you get the headache does anything happen at the same time?

e/ What do you do when you get the headache?

f/ Have you found any medicine that seems to have helped?

g/ Does anybody else in your family have this type of a headache?

1/7/1

a/ **D: How would you describe your dizziness?**

P: *As if I were falling to the left.*

b/ **D: What does a dizzy spell consist of for you?**

P: A kind of imbalance.

c/ **D: How long does an episode of dizziness last?**

P: Sometimes an hour, sometimes a whole day.

d/ **D: In what body position do you feel dizzy?**

P: Every time I squat or bend down and then try to get up too quickly.

1/7 Dialogue A /B/

D: Do you ever suffer from dizziness /get dizzy/?

P: Yes, quite often.

D: When does this happen?

P: When I get up too quickly.

D: Do you feel as if you are falling in a certain direction?

P: No, not really.

D: Does the dizziness feel like spinning or is it just a kind of unsteadiness?

P: It feels more like spinning.

D: How would you describe it? Is it as if the room is going around or do you feel as if it's you that is going around?

P: It feels as if I am going around.

D: Do you have any other problems such as ringing in the ears perhaps?

P: Yes, sometimes.

D: Have you seen a consultant /specialist/ about this?

P: Yes, she prescribed some medication for it, but it didn't help at all.

D: Do you have any associated symptoms like blurred vision?

P: Not that I have noticed.

1/8 Dialogue A /B/

D: Have you *got a temperature* /had any fever recently/?

P: Yes, Doctor, I've been feeling quite *flushed* /warm/ lately.

D: Is your temperature *high all the time* /constantly high/ or does it go up and down?

P: *It usually goes up at night, but it's still high even during the day.* /It's usually higher at night but it's still high during the day./

D: What is the highest and the lowest it has been in the past few days?

P: The highest was 104, the lowest was 100.

D: And where did you take your temperature: under your arm or *under your tongue* /orally/?

P: *(I took it) under my tongue* /I measured it orally/.

D: Do you also have *shivers* (-Br) /chills/?

P: Yes, sometimes.

D: Do your teeth rattle or are the *shivers* /chills/ milder than that?

P: Oh yes, they rattle. I've bitten my tongue several times already.

D: Do you take anything for the fever?

P: Aspirin.

D: Does it help?

P: No, not really.

D: Have you *been abroad* /Have you traveled/ to any tropical or developing countries recently?

P: Yes, I just came back from Thailand a few months ago.

D: I see. Do you perspire more than usual?

P: Yes, a lot, I'm afraid.

D: Just when you work hard or also at other times?

P: Well, I never used to sweat much, but now I seem to break out in a sweat *at the drop of a hat* /easily/. My clothes often get soaking wet.

D: Do you feel shaky or weak at all?

P: Yes, practically all the time.

1/9 Dialogue A /B/

D: Do you just feel *sick* /nauseous/ or have you actually *vomited* /thrown up/?

P: Oh, I'm *vomiting* /throwing up/, it seems, all the time.

D: When did it all start?

P: About two months ago.

D: And how often does this happen?

P: About once a day, sometimes more.

D: When are you sick? In the morning or after you have eaten?

P: Well, it isn't really regular.

D: But does it get better or worse if you eat something?

P: Worse, I think.

D: When you vomit, do you bring up digested food, undigested food or bile?

P: Oh, it's usually more like bile.

D: What colo(u)r is it? Green, black, yellow or red?

P: It seems to be a sort of yellowish green colo(u)r.

D: Does it ever have blood in it, or look like ground coffee?

P: No, never.

D: Do you *belch* /burp (Am, Br: ch)/ a lot or have a *bad* /nasty/ taste in your mouth?

P: Well, yes, Doctor, I do *belch* /burp/ a lot and *I seem to suffer from a lot of wind just lately.* /I have had a lot of gas lately/.

1/10/1 See Workbook.

1/10 Dialogue A /B/**D: How long have you had difficulty breathing?**

P: Since last week, Doctor.

D: Is it very bad?

P: Yes, I feel *as if* /like/ I can't get enough air.

D: Which is more difficult /What's harder/, breathing in or breathing out?

P: It's harder to breathe in.

D: Are you short of breath when you are resting or only when you are doing something /physical/?

P: /A little/ When I'm resting, but it's worse when I try to do anything /physical/.

D: Can you lie flat in bed?

P: Oh, no.

D: How many pillows do you use?

P: Three.

D: Do you ever wake up at night feeling short of breath?

P: Yes, I do. It *frightens* /scares/ me because I wake up feeling as if I can't breathe.

D: What do you do when this happens? I mean, do you sit or stand up, does some movement help /you breathe easier/?

P: If I sit up, it helps a little.

D: Let me listen to your chest. ... I can hear a few crackles and it sounds a bit wheezy.**1/10/5**

How long have you had difficulty breathing? / How long have you been short of breath?

When is your breathing most difficult?

Which is more difficult, breathing in or breathing out?

Are you short of breath when you are resting or only when you are working?

Can you lie flat in bed? Can you sleep on your back?

Do you ever wake up at night because you are short of breath? / Is your sleep disturbed?

What do you do then?

1/11 Dialogue A /B/**D: Do you have a cough?**

P: I have a cough, but I also seem to wheeze a lot.

D: Is this a recent symptom, or have you had it for some time now?

P: I've had it for some time, Doctor.

D: Do you suffer from coughing fits /cough a lot/?

P: Yes, a lot.

D: Do you bring up phlegm or is it a dry cough?

P: I bring up quite a bit of phlegm. I'm afraid I might have asthma.

D: What is it /the phlegm/ like?

P: What do you mean?

D: Can you describe the phlegm for me? What colour is it? Is it white, yellow or greenish, and is it frothy or sticky? /Can you describe for me what color it is, whether it's white, yellow or greenish, and is it foamy or thick and sticky/?

P: Yes, it's yellowish and feels kind of like jelly.

D: Does it have a strange smell or taste?

P: No, I don't think so.

D: Has there ever been blood in it?

P: Yes, just once I noticed some blood in it.

D: Have you taken any medicine or tablets /medication/ lately?

P: Yes, I was on *something* /some medication/ to thin my blood.

1/11/5

1 Yes, it smells very bad.
 3 I've had this cough for three weeks.
 5 If I sit up or use two pillows I feel better.
 2 It's frothy.
 4 Yes, I bring up a lot of phlegm.
 6 It's a barking cough.

1/12 Dialogue A /B/

D: *What seems to be the problem at the moment? /Can you tell me, what are your complaints?/*

P: I seem to be getting very short of breath *nowadays /lately/, so I thought it best to come in to see you. I also feel a tightness in my chest. /also I feel tightness in my chest, so I thought it would be wise to come in and see you./*

D: **How long has this been going on?**

P: It seems to have been getting worse over the last few weeks.

D: **Are you short of breath all the time, or is it just when you walk up the stairs /exert yourself?/**

P: *Well, it's hard work going up the stairs. The pain feels like a knife. /Well, the pain gets worse when I exert myself. It feels kind of like a knife./*

D: **Does the pain move /radiate/ to other areas as well?**

P: Yes, it moves /radiates/ to my neck, my left arm, my back and my shoulder.

D: **Do you ever feel sick or sweaty when that (this) happens?**

P: Well, I don't feel sick but I often break out in /to/ a sweat.

D: **Do you ever feel that your heart beats unusually fast or slow?**

P: Yes, sometimes it beats really slowly. Then from time to time it skips a beat, then continues to beat very rapidly.

D: **Can you tap out with a finger what the rhythm feels like to you ... good. Have you had any swelling in your ankles?**

P: Yes, both of my feet have been somewhat swollen.

D: **Does it go down overnight or are they still swollen in the morning?**

P: Oh, my feet feel much better, and they aren't as swollen in the morning.

1/12/5

Have you ever had any heart problems? What seems to be the problem with your heart? What kind of pain do you get during exercise? Do you often get short of breath? Do you ever feel sweaty when this happens? Where does the pain move? And have you had any swelling in your feet or ankles? Do your feet hurt all the time?

1/13/1 See Workbook.

1/13 Dialogue A /B/

D: *Tell me, what's your appetite like /Am: how's your appetite?/*

P: Sometimes it's good, but at other times I don't feel like eating at all.

D: *How do you feel about your eating habits? /Describe your eating habits to me./*

P: Well, I usually eat five or six times a day, lots of fruit and vegetables, but when I'm *anxious /nervous/* I can't eat at all.

D: **Have you lost or put on /gained/ any weight recently or does your weight stay the same?**

P: I've been *putting on /gaining/* quite a bit of weight lately.

D: **How many pounds have you gained, do you think?**

P: About ten pounds or so.

D: **Over how long a /what period of/ time has this happened?**

P: Since about Christmas, so in the last six months.

D: **Are you trying to do anything to control your weight, for example, are you on a diet?**

P: Yes, but it doesn't seem to work.

D: **Are there any foods that you dislike or is there anything that you particularly like to eat?**

P: I eat lots of pasta dishes, but I can't have anything with nuts in them because I'm allergic to most kinds of nuts.

D: Do your eating habits change for any reason?

P: Yes, I eat quite a bit more when I feel good.

1/13/6

P1: I'm losing my appetite a bit.

P2: Yes, I'm getting very thin.

P3: I've lost 20 lb.

P4: I'd say, during the last three months or so.

P5: Yes, I can't stand the sight of meat.

1/14 Dialogue A /B/

D: Do you have regular bowel movements?

P: No, /Yes, but/ sometimes I get constipated and sometimes I have diarrh(o)ea.

D: When you say you have diarrh(o)ea, do you mean the stool is very loose, or that you have to go to the toilet /bathroom/ frequently?

P: I have to go four or five times a day.

D: When you have to go, do you have to go quickly?

P: Yes, I have real problems holding it.

D: Could you describe your stool?

P: The last time it was loose and watery, but very dark.

D: Do you have any problems flushing it down at all?

P: No, I haven't noticed anything like that.

D: Has there been any blood or mucus in the stool?

P: Yes, I have noticed some blood, but no mucus.

D: Is it mixed in with the stool or is it just there on the paper when you wipe yourself?

P: It seems to be mixed in with the stool, Doctor.

D: I see. And when you are constipated, do you take laxatives, or do you give yourself /use/ an enema?

P: If I can't go for three days, only the laxative helps.

D: Do you feel bloated /have any bloating/ when you are constipated?

P: Yes, occasionally, but the laxative helps with that too.

D: Do you have any problems with excessive flatulence or belching /gas or burping/?

P: No, not particularly.

1/14/5 See Workbook.

1/15 Dialogue A /B/

D: So, you say that you are having problems with bleeding or bruising.

P: Yes, I am.

D: Can you tell me what you mean by that? Do you bleed or bruise easily?

P: Yes, every time I scrape myself or bump into something I get bruised.

D: Have you always had this problem, or is it a recent development?

P: I noticed that the problems started about the time I started shaving.

D: Do your gums bleed when you brush your teeth?

P: Yes, quite a bit.

D: Do you have any trouble stopping the bleeding?

P: Oh, yes, even from the most minor cuts.

D: How long does it take to stop the bleeding?

P: At least ten or fifteen minutes.

D: Are there any other members of your family with bleeding tendencies?

P: No, not that I know of.

D: Have you ever needed a blood transfusion, or have you given blood recently?

P: I don't like needles, so I don't give blood, but I needed a transfusion after a car accident a few years ago; when I was fifteen.

D: Do you remember how many units of blood you received?

P: No, I don't remember, sorry.

D: Do you know what your blood type is?

P: I think it's AB negative, but I'm not sure.

1/16/3 A/B

- 1 Now Mr Jacobs, I'd like to examine you. I just want to check one or two things: your heart and lungs and abdomen. Would you just take off your clothes down to your underwear and put on this gown with the opening at the back.
- 2 *Hop on* /Please get on/ the table for me. *Can you manage or shall I give you a hand?* /Can you do it yourself or do you want me to help?/
- 3 Right, give me your wrist, will you. I'm going to take your pulse. That's fine.
- 4 Now let's take your blood pressure. Will you straighten your arm for me, please.
- 5 Now let's have a look at your eyes. Look up for me, please.
- 6 Let me check the reflexes in your arms and legs. Relax.
- 7 Turn your head to the right to look at the wall. I want to check the pulse in your neck.
- 8 Now let me feel your windpipe... Let me just feel your glands. That's fine.
- 9 Stick your tongue out for me, please. Open your mouth and say "ahh".
- 10 Right, now I want to listen to your heart. Just breathe out quietly.
- 11 Now sit forward while I listen at the back. Hold your breath...good. Now let's listen to your lungs. Take deep breaths through your mouth – in... out... keep going.
- 12 I'd like to feel your abdomen. Put your arms down by your sides and let your *tummy* /stomach/ relax...that's it. Are there any places that are tender or painful? Now I want to check your liver and spleen so take a deep breath in, hold it...fine.
- 13 I'd just like to examine your prostate and rectum. Now this will be slightly uncomfortable, but it shouldn't hurt. Lie down on your left side and bend your knees right up to your chest...fine. I'm going to insert a finger in your rectum, don't worry, you won't lose any control.

1/17/A

- 1 You'll receive an intravenous injection. Make a tight fist. Now release it. This injection contains the medicine which can be seen by the machine so that it is possible for us to scan your organ. You have to wait so that the medicine can reach your organ. You must not move during the scan. We'll send the results to your doctor.
- 2 Have you drunk anything today? You must drink 4 glasses before the scan. We'll give you a water tablet during the scan, after which you'll have to urinate more often than usual. Do you take anything to keep your blood pressure down?
- 3 a) Before you get the injection you need to lie on your back for ten minutes.
b) Now you have to inhale a vapour for the test. This has no taste or smell. You'll need to sit in front of an inhaler. You'll get a clip for your nose so that you breathe through your mouth.
- 4 Before the examination you need to drink a litre of fluid/liquid over a period of two hours. Before we call you you should go to the toilet to empty your bladder, otherwise we can't scan your hip correctly.
- 5 You'll have to drink a sweetened solution which will contract your gallbladder. This tastes very sweet and in some people causes diarrhoea.
My colleague the cardiologist will explain the procedure. After you are given the isotope injection you will have to consume fatty food or drink, such as milk, cheese or a sandwich. This is so that the medicine passes through your liver quickly for us to get a correct picture of how the heart muscles are supplied with blood.
- 7 You'll get four small injections where you have changes on your skin. We'll take three pictures. The last will be taken in 24 hours' time. We'll mark the location of the lymph nodes, so please don't wash the marks off.

8 Before the injection you'll need to lie in a dark place for 45 minutes with your eyes closed. Only after the injection can you open your eyes.

1/17/B

- 1 You will be given an intravenous injection. Make a fist, then let it go. The injection contains a substance to make the necessary organ visible on the machine. There will be some waiting time before the actual examination. This is necessary so that the test substance can reach the appropriate organ. You must remain completely still during the examination. The result will be given to your regular physician.
- 2 Have you drunk any liquids today? You will have to drink about four glasses of fluids before the examination. You will also be given a substance which will make you have to go to the bathroom frequently. What blood pressure medication are you taking?
- 3 a) Before receiving the injection you should lie on your back for ten minutes.
b) Now you must inhale the spray. It resembles water vapor and has no taste or smell. In these cases you will have to sit in front of an inhaler. We'll clip your nose shut and you will have to breathe through your mouth.
- 4 The waiting time is about two hours, during which you should drink approximately a liter of fluid. Please go to the bathroom before you are called, so that your bladder will be empty. Otherwise we will not be able to make a precise examination of the pelvic bones.
- 5 You will have to drink a sucrose solution to constrict your gallbladder. It is very sweet. For many people it may cause diarrhea.
- 6 The cardiologist will inform you about the procedure. After you have received the isotope injection, you should eat or drink something containing fat, such as cheese, milk or a sandwich. This is necessary in order to stimulate the substance being passed through the liver, so that we can make an accurate image of the blood supply to your heart muscles.
- 7 You will be given four small injections around the affected area of your skin. We will take scans three times, the last of which will be 24 hours later. We will mark the location of the indicated lymph gland with a stain, please do not wash this off.
- 8 Before receiving the injection you will have to lie in a dark room with your eyes shut for about 45 minutes. Please do not open your eyes until after the injection.

Unit 2 MEDICATION

2/1

D: You seem to have a localised skin rash caused by a bacterial infection. This means that you will have to take some antibiotics. Are you allergic to any medicine?

P: Yes, actually, I had quite a bad reaction once when I took penicillin, I felt a choking sensation and my tongue was badly swollen.

D: OK, then I'll prescribe an antibiotic without penicillin. You'll have to take one tablet three times a day, preferably immediately after eating.

P: Is there some kind of lotion that I could use on my skin?

D: Yes, I can also prescribe an anti-inflammatory ointment or some talcum powder. Both should help reduce the burning and itching sensation. I recommend the ointment, but I'll prescribe whichever you prefer. Which would you rather use?

P: Then I'll take the ointment, as you suggested.

D: You should apply it whenever you need to. Do you feel that you need some pain killers?

P: Yes, that would be quite helpful, I haven't been able to do anything since this started; it hurts so badly.

D: Well, that should clear it up. If everything looks good you won't have to come back again. However, if the symptoms don't go away after a week, make sure you come back and see me again.

2/2/1 See Workbook.

2/2/2 See Workbook.

2/2/5

P1: I can't sleep at night and I'm tired when I get up in the morning.

P2: My little girl is always scratching her bottom, and I have noticed small worms in her stool.

P3: My ankles are swollen, and I'm bloated around my stomach in the evening.

P4: I cough a lot, but I can't seem to cough up phlegm.

P5: I often feel dizzy, and I have headaches. My vision is getting worse. My blood pressure is usually high when it's checked.

2/3/2

P1: You prescribed some tablets for my pneumonia. By the evening my face was flushed and itching, and I had come out in a rash.

P2: I came down with the flu so I took the aspirin you suggested; however, by the next morning I had an upset stomach. I'm afraid to continue with it, but I'm still running a fever.

P3: I've been feeling dizzy since I started taking the new blood pressure medicine. When I bend down, I'm afraid I'll fall over.

P4: I've been feeling sick since I started taking this new medicine. I've had an upset stomach since then.

2/3/3

P1: You prescribed some tablets for my pneumonia. By the evening my face was flushed and itching, and I had come out in a rash.

D: Oh, I'm afraid you must be allergic to that medicine, I'll prescribe something else that shouldn't affect you.

P2: I came down with the flu so I took the aspirin you suggested; however, by the next morning I had an upset stomach. I'm afraid to continue with it but I'm still running a fever.

D: Aspirin sometimes affects the stomach. I think you should take Paracetamol instead, it doesn't cause stomach problems.

P3: I've been feeling dizzy since I started taking the new blood pressure medicine. When I bend down, I'm afraid I'll fall over.

D: Your pressure has come down a little low and that's causing the dizziness, so we'll adjust the dosage of your tablet.

P4: I've been feeling sick since I started taking this new medicine for my headache. I've had an upset stomach since then.

D: Oh dear! I'm sorry. We will have to change the tablets to put a stop to the nausea.

2/4/2

- a) Take this tablet half an hour before meals.
- b) Swallow this tablet without chewing.
- c) Take a pinch of this powder and mix it with some water.
- d) Apply a thin coat of this ointment every evening and then cover with a wet dressing.
- e) Dip a cotton bud in this tincture and apply to your gums.
- f) Pour an ampoule of this solution into boiling water and inhale it for five minutes.
- g) This is a bitter tablet, so take it with some sort of juice.

2/4/3

- 1 Place this pill under your tongue and allow it to dissolve. If you are unable to swallow this tablet, break it in half or crush it into a powder.
- 2 Take this capsule with some water.
- 3 Drop some mixture on a sugar cube. Shake the mixture well before taking.
- 4 Insert one of these suppositories into the vagina before going to bed.
- 5 Rub a thin layer of this cream on your skin.
- 6 Use three drops of these eye drops every evening.
- 7 Apply some talcum powder to your skin.
- 8 Mix 15 drops in a cup of water and gargle 2–3 times a day.

Unit 3 OBSTETRICS AND GYNAECOLOGY**3/1****D: Could you tell me when your last period was?**

P: It was about three weeks ago.

D: Do you have a regular cycle?

P: Yes, it's quite regular, it comes about every 28 days.

D: And how long do your periods last (for)?

P: Usually about 5 or 6 days.

D: Would you say that they were painful?

P: I get some discomfort especially during the first 2 or 3 days but it's not too bad.

D: Would you say that your periods are quite light, average or heavy?

P: I would say they are about moderate, Doctor.

D: Do you find you are using a lot of pads?

P: No, I can usually just manage with three or four a day.

D: Now, have you had a smear done within the last 3 years?

P: I had one done about 5 years ago, Doctor.

D: Do you remember the results of it?

P: Yes, they said it was clear.

D: Do you know how often you ought to be coming for a smear test?

P: I think it's about every 2 or 3 years.

D: Yes, that's right, although if there are any abnormalities on any of the smear tests you must come back more regularly than that. Do you have any pain or swelling you've noticed in your breasts?

P: Well, I don't have any lumps, Doctor, but I've sometimes noticed that they get a bit sore, especially just before my period. Also, sometimes they feel a bit lumpy, but when I check them a few weeks later they all seem to have gone away.

3/2/1 See Workbook.**3/2/A****D: What seems to be the problem?**

P: Over the last few months my periods have been getting terribly painful.

D: Is this a new thing?

P: My abdomen is always a little bit sore in the first couple of days, but over the last few weeks, I've been getting really sore. I've been getting this terrible crampy feeling in my tummy and some back ache as well. It's been coming on before the bleeding begins and it's been so bad that I've had to have some days off from work over the last few months. I've also got another problem. I get so up-tight just before my periods. I feel as though I could murder everyone.

D: That sounds typical of PMT – pre-menstrual tension. It's difficult to treat but some people are helped by vitamin B12 or evening primrose oil. There are some self-help groups that you could join. The receptionist will give you a pamphlet if you ask her.**3/2/B****D: What seems to be the problem?**

P: My periods used to be quite light, Doctor, but they seem to have been getting much heavier recently.

D: Have you been passing any clots in them?

P: Well, the last few times there have been one or two quite big clots and sometimes it's been soaking right through the pads and into my underwear and I've had to go and change quickly. It's becoming really very embarrassing.

D: I see. Are your periods very painful at all?

Well, they're worse than they used to be. But, the worst thing is really just this terrible bleeding. It's caused me awful embarrassment and trouble.

3/2/C

D: Could you tell me when your last period was?

P: Well, Doctor, they've been a bit irregular. Sometimes they're coming every two weeks, sometimes I'm not getting any for six or seven weeks, and when they do come they can be terribly heavy with flooding and passing clots for the first couple of days. I'm having to use sanitary towels and tampons sometimes, and they can be very very painful for the first two or three days and for the week beforehand.

D: Have your periods always been irregular or has this been something recent?

P: No, they were quite regular up until about a year ago and then they gradually began to go haywire.

D: Do you get any bleeding in between your periods?

P: Yes, I sometimes get a little bit of spotting of blood just in the middle of my periods.

3/2/D

D: Do you ever find it uncomfortable to have sex?

P: Yes Doctor, the last few months it's been quite painful.

D: Does it happen every time, or just occasionally?

P: Almost every time I get this really deep ache inside. It has become (It's becoming) so bad we haven't been able to do it for the last few weeks.

3/2/E

D: Can you tell me what the problem is?

P: Well, Doctor I've got this discharge from down below.

D: Can you describe it to me? What colour is it for instance?

P: Well, it's a sort of yellowish, but sometimes it becomes brown.

D: Is the discharge foul smelling at all?

P: Well, sometimes it smells quite strong, Doctor.

D: Do you have any burning or stinging when you go to the toilet?

P: It sometimes stings when I spend a penny.

D: Is your vagina itchy or sore?

P: Yes, a bit.

3/2/F

P: Doctor, I've got something down below.

D: Where do you mean exactly, show me. ... Is this lump there all the time, or only sometimes?

P: It only seems to come on after I've been to the toilet.

D: Is that after you've been to pass urine or after you have a bowel motion?

P: Well, sometimes both, but more after I've opened my bowels, Doctor.

D: Are you able to push this lump back up?

P: Sometimes I can push it back up.

D: Does it ever come down and you're not able to?

P: No, Doctor, it can always be pushed back up.

3/3

D:

- 1 If you can just pop (-Br) (step/go) behind the curtains and take your trousers and underwear off and cover yourself with the blanket, I'll be round in a minute.
- 2 Jump up onto the couch.
- 3 If you just slide a little bit further down the table and if you pull your knees up towards you. Let your knees fall apart.

- 4 Keep your knees as relaxed as you can. Put your feet wide apart in the stirrups. If you just try and relax your bottom down into the bed as much as you can, that keeps your muscles relaxed, and makes it much more comfortable for you.
- 5 Just let me know if this hurts at all.

3/4/A

D: What can I do for you?

P: Well, I don't seem to have had a period for several months now.

D: How long has it been since your last period? (When was your last period?)

P: Well, I think it was about two or three months, but they've always been a little bit irregular.

D: Have you ever gone this long before without having a period?

P: No, they always seem to come on after about six or seven weeks.

D: Are you sexually active?

P: Yes, Doctor.

D: Are you using any kind of contraception?

P: Yes, he always uses a condom.

D: Have you ever had any accidents or perhaps forgotten to use a condom? Do you think you might be pregnant?

P: Well, maybe, because there was an episode a few weeks ago, now I come to think of it, when the condom split, but we didn't think it was so important, because it was just before my period began.

3/4/B

D: How long has it been since your last period?

P: Come to think of it, about two or three months.

D: Do you think you might be pregnant?

P: Well, I think it's possible, Doctor. The last few weeks I've been feeling really quite queasy in the morning and I've gone off some of my favourite foods. I've started eating the most peculiar stuff. I never used to like tomatoes and now I can never get enough of them. I've also noticed that my breasts are really tender like they get before a period.

D: Have you felt sick or been sick at all?

P: Well, I suppose I should have guessed myself that I might be pregnant because the last three mornings I've been feeling really, really sick and I actually vomited this morning. I've also been feeling terribly tired and I keep having to rush to the loo (–Br) (Am: bathroom). I've also felt quite on edge and anxious. The other thing is that my breasts seem to have got bigger. I've always been a 32 B cup up until now and I would swear that they're getting larger.

D: Let's do a pregnancy test and we'll see what it shows. . . . The pregnancy test from the blood has shown that you're pregnant. Can you remember exactly when the first day of your last period was?

P: Not exactly, but I think it must have been about eight weeks ago. . . .

D: Well, working it out roughly from the first date of your last period, it looks as though you'll be having your baby at the end of October.

3/4/C

D: Have you felt the baby move at all?

P: Well, just a little bit. I felt this sort of fluttering feeling in my tummy (Br). The first time I thought it was wind but then it came back again, so I think it must have been the baby kicking.

D: Have you had any other problems, any burning or stinging when you pass your urine?

P: Yes, it's very uncomfortable at times and I have also had this discharge from down below and it's been getting itchy and really unpleasant.

D: Well, we'll have to have a look down there and we'll probably take a swab but it sounds as though you might have a touch of thrush which is something common in pregnancy and quite easily sorted out. . . . Have you had your ultrasound scan recently?

P: No, I'm due for one next week.

D: They can show whether the baby is growing well.

Sometimes they can tell whether it's going to be a girl or a boy from the scan.

P: I'm not really sure I want to know.

3/5/A

D: Is this your first pregnancy?

P: No.

D: How many times have you been pregnant?

P: I've been pregnant six times.

D: How many children do you have?

P: I've got three children.

D: Were they all normal deliveries?

P: I had one of them by a C(a)esarean because I had problems with the delivery, but the other two were normal deliveries.

D: What about miscarriages?

P: Well, I had one miscarriage quite early on before the first child and then my third pregnancy ended in a stillbirth. I also had a tubal pregnancy which needed an operation.

D: Have you had any terminations?

P: No.

D: Do you have any problems at the moment?

P: I've noticed that my hands and feet are getting a bit swollen and my rings are getting tight.

D: How did you feed your children? Breast or bottle?

P: I breast-fed all of them but only managed for about the first three months and after that we began to top them up with bottle milk.

D: OK That's good. We just need to do a little internal examination now.

3/5/B

D: Have you ever been pregnant?

P: Yes.

D: Do you have any children?

P: Yes, I've got two boys.

D: How old are they?

P: Three and five.

D: When your older child was born, do you remember if he was early or late or on time?

P: Well, he was about four weeks early, Doctor.

D: I see, he was slightly premature then. Did you have any problems during your first pregnancy?

P: I had a little bit of a problem with my blood pressure. It went a bit high and I was in hospital for a few weeks towards the end, but he was absolutely fine and it was a straightforward delivery.

D: And the younger child? Was he early, late or on time?

P: He was actually a week late and they had to start him off and then they needed the forceps to pull him out, but since then he's been absolutely fine.

D: OK Are they quite well now?

P: Yes, they are absolutely fine.

3/6

D: We've noticed that your blood pressure is a little bit high on this admission. How have you been feeling?

P: Not too bad apart from the odd headache.

D: How often have you been getting these headaches?

P: Well, I've had them for the last two days.

D: Anything like dizziness or blurred vision?

P: I've been getting some flashing lights in front of my eyes but I just put that down to tiredness. I've also noticed my rings are getting really tight around my fingers and my feet are getting to be quite swollen.

3/7

D: When you had your first child, do you remember what kind of anaesthetics you had for the delivery?

P: I managed at first for a little while using gas and air but after that it really became too painful and I had to have an epidural.

D: Did you start labour by yourself or did they have to give you some help?

P: No, it began by itself, although I remember some of the other women in the ward having to get started off.

D: Do you remember how long the labour went on for?

P: It was quite long. It was at least 24 hours.

D: And the delivery itself; was it a C(a)esarean, a forceps or was it normal?

P: Well, in the end they had to use forceps to help get the baby out because he was beginning to get a bit tired as well.

D: Did you have any problems after that?

P: He went to the special care unit just for a few hours because I think he was a little bit tired, and after that his head leaned to one side for a week or two but then he was all right.

D: What kind of feeding did you use for the first child? Did you breast-feed or bottle-feed him?

P: He was breast-fed for the first six weeks but after that he didn't seem to be getting enough milk and the health visitor suggested we top him up with bottles. Eventually we just gradually changed him over to bottle-feeding. I also had to express milk for a while because after he'd tried the bottle he was lazy about sucking at the breast.

3/8

D: Have you ever been pregnant at all apart from having these two children?

P: Well, I did have a miscarriage in between them.

D: Do you remember how many weeks on you were, when you miscarried?

P: That was quite early on, about ten weeks.

D: And were there any problems afterwards? Did you need a D&C or anything?

P: Yes, I had a quick D&C afterwards but there weren't any further problems.

D: Had you been pregnant any other time apart from the ones you mentioned?

P: Well, when I was much younger, I did have a termination /an abortion/ when I was about nineteen.

D: Do you remember how many weeks on you were when it happened?

P: I'm not sure, but I think it was about two months. I just went into the hospital and they did an operation, and that was that.

3/9

D: The patient is given a general anaesthetic and placed in the lithotomy position. The perineum and vagina are washed with Betadine solution and the legs and surrounding area covered with sterile drapes. The patient is then examined by bimanual pelvic examination to determine the size of the uterus, the direction of the uterus and any adnexal pathology. The cervix is then visualised using a Sims's-speculum and the anterior lip of the cervix is grasped with a vulsellum. The cervix is dilated using Hegar dilators of increasing size. The cavity of the uterus is then evacuated usually by suction curettage. In other circumstances it is emptied by using simply sponge forceps. The cavity of the uterus is then checked using a curette to ensure that it's entirely empty. The operation is then complete.

3/9/3

First, we will put you to sleep. Then, we will examine your womb to see how big it is and whether its position is normal. We will then have a look at the cervix – the neck of your womb to check it out. After that, we will stretch it gradually. Then, we will use suction to clear out what is in the womb. Finally, we will just give the inside wall a gentle scrape to check that it is clear.

3/10/A

D: Well, looking at the dates of your pregnancy your baby is really quite overdue now. It should have been here about ten days ago and we really don't like to leave them much longer than two weeks over the due date, so what we'll do is bring you to hospital tomorrow and get the delivery started. The way we usually do this is to bring you in in the morning and just pop /apply/ some gel up by the cervix and see if that gets things started off. That should make the cervix softer and easier to open up. And if you still haven't gone into labour by yourself we can put a drip up, that will cause the uterus to begin to contract and so when your cervix is open a little bit, we can break the waters around the baby and that should get things started.

3/10/B

D: **Have your waters broken yet? (Am: Has your water broken?)**

P: Yes, about half an hour ago.

D: **Are you getting any tightening or regular contractions?**

P: Well, I've been feeling this sort of tight feeling across the top of my tummy.

D: **How often are your contractions coming?**

P: About every ten minutes at the moment.

D: **Are they getting any stronger or closer together?**

P: They are gradually getting a little bit stronger. They used to be about twenty minutes apart and I definitely feel them coming on harder.

D: **How long do they last when they come?**

P: Just about a minute at the moment.

D: **Are they very painful or do you just feel a tightening across the tummy?**

P: They're really becoming quite sore now. . . .

D: **Now you've been doing very well. It won't be long before your baby is here. . . . The head is coming now. Don't push, pant like a dog until the head emerges. . . . Now one last big push. . . . Congratulations, you have a lovely baby boy. Here he is. Now push one last time for afterbirth.**

3/10/C

D: Before starting the procedure, the patient should be examined. On abdominal examination there should be no head palpable abdominally. The cervix should be fully dilated and the bladder should be emptied. The position of the foetal head should be determined and the maternal pelvis felt to be adequate for delivery vaginally. The perineum is then washed down with an antiseptic solution and the legs and surrounding areas covered with sterile drapes. It's essential that the mother has adequate analgesia whether this is by epidural anaesthesia or perineal infiltration or a pudendal block. When the uterus is not contracting well, the forceps are applied. During the next contraction the mother is asked to actively push while traction is applied on the forceps. There should be no more than three moderate pulls required to deliver the baby. An episiotomy is usually required, and it is recommended that it should be a right mediolateral episiotomy. Following delivery of the baby, the placenta is delivered either by maternal effort or controlled cord traction. The vagina is then examined for any further tears. The episiotomy is repaired in layers usually with Vicryl, which is a synthetic absorbable suture. Haemostasis should be achieved by this and the rectum should be checked by digital examination to ensure none of the sutures have reached the rectal mucosa.

3/10/9

We are going to have to give the baby a little help, because it is getting a little distressed. What we are going to do is to give you something to help with the pain. Then we'll use a catheter to empty the bladder. After that we'll get hold of the baby's head with some forceps. At the next contraction, while you are pushing we will be giving a little pull. We shouldn't need to do this for more than three contractions then everything will be fine.

3/11

D: **Have you thought of what sort of contraception you'd like to use?**

P: Well, I wondered about the pill.

D: That's quite a good idea. There are different types of pill that you need to think about and they all work differently. There's what we call the mini-pill which has a single hormone in it but you do need to be more careful about when you take it because it only has a three hour gap in which it is safe and if you take it any later than that then it's not working reliably.

The combined pill on the other hand has two types of hormones in it, and it has a much wider range. You can be up to 12 hours late and it'll still work reliably. However, some people do find that they have problems with both types of pills, for example, they get headaches or migraines or put on weight and some people also have problems with their blood pressure, so it's not always suitable.

Another option is to have a coil; however, we don't normally recommend this to women until they've had at least one child, because some studies have shown that although the coil isn't necessarily associated with causing infections, if you do have any pelvic inflammatory disease, it can be made worse, and it can increase the risk of infertility. Therefore, it is usually only given to women after they've had at least one child.

The cap or diaphragm has its advantages in that it doesn't involve any hormones, therefore, you're not mucking around with your body's cycle and it also means that it can be put in before you have your intercourse not like the sheath or anything so it's in and out of the way and out of your mind. However, you do have to have it quite carefully fitted and you need to be quite confident with your own body in learning how to put it in. If you are at all embarrassed, it can be very difficult.

If you are absolutely certain that you've finished your family or you're not planning on having any children, it is possible to be sterilised or as it is sometimes called "have your tubes tied". This normally involves just a minor operation. You are just in for a day. We look inside your tummy with a little telescope and cut and tie off each of your tubes to stop the egg from reaching the womb, and it stops you from getting pregnant. It's a very, very reliable method, it has a very low failure rate, but its main drawback is that it should be regarded as being absolutely irreversible and once it's done you really can't have it changed back. So you have to be very sure that you don't want any more children.

Coitus interruptus, also called the rhythm method, is a very unreliable method of contraception, where the man withdraws from the female just before he comes. However, there is often a small quantity of sperm released even before the man comes, and, therefore, it's an extremely unreliable method.

Condoms or sheaths are quite a safe and reliable method of contraception. The main disadvantage is that they have to be put on during or shortly before intercourse, and this can, therefore, interrupt the spontaneity of lovemaking. However, they do have the advantage of protecting against sexually transmitted diseases /STD/.

3/12

D: Have you had any problems since your last period?

P: Actually, my last period was about a year ago. I haven't had one for about a year now.

D: Have you had any bleeding at all since then?

P: No, I haven't had any bleeding at all.

D: Have you had any problems with the "change"?

P: I used to have some problems with these terrible hot flushes (Am: flashes). I would wake up in the middle of the night absolutely drenched with sweat. My bed clothes and nightie would be soaked through. They seem to be getting a bit better, but, I'm still awfully tired.

D: Have you felt unwell?

P: Not really, apart from these terrible sweats.

D: How often do you get them?

P: Perhaps once or twice a night. It is really disturbing my sleep.

D: Apart from lack of sleep, has it affected your life in any other way?

P: Well, I haven't as much energy and it takes much longer for me to get through my work. I feel tired all the time. And ... it's interfering with our sex life a bit because my vagina is so dry.

3/13/A

D: We need to remove your womb, to give you a hysterectomy. We'll put you to sleep under a general anaesthetic. We'll either make a cut in your tummy or perform the operation through the vagina. In your case, unfortunately, we'll have to remove not only the womb but also the tubes and ovaries. I'm afraid we have to do this to prevent the disease from spreading.

After the operation you won't have any periods and sadly you won't be able to have any children. Because we have to remove the ovaries there is a possibility that you might get hot flushes, and night sweats and dryness of the vagina – all symptoms of the menopause, but this doesn't always happen. This is because your (o)estrogen and progesterone hormone levels drop. Your ovaries produce these hormones. If you do have problems we can always help by giving you HRT (hormone replacement therapy) in the form of pills or a patch. However, to prevent osteoporosis we recommend this HRT also to patients without symptoms. You may also feel a bit low and depressed but usually it soon passes, and you may also get a bit of a problem with your weight – a lot of people seem to put on weight after a hysterectomy.

You will have to stay in hospital for about six days where we can keep you comfortable with pain killers if necessary. Then you will have to take it easy for a while and get plenty of rest. You can gradually start doing things again. It takes about 6–8 weeks to really get over the operation. After six weeks I'll want you to come in for a check-up just to see that everything is OK.

If you have any questions regarding this operation, don't be shy about asking me.

3/13/B/4 See workbook.

Unit 4 PAEDIATRICS

4/1/1

How old were you when the baby was born?
 How many times have you been pregnant?
 What number pregnancy was this child?
 How many children do you have?
 Are you and your husband blood relatives?
 Were there any problems like bleeding or an illness?
 Was your pregnancy planned?
 Did the baby arrive at the expected time?
 Was the baby born normally or did you have to have forceps or a section or anything like that?

4/1/2

D: Good morning, Mrs Smith. I'm Dr O'Hare. I'm a consultant paediatrician. I'd like to ask you for a little background information about James. First of all, if you don't mind, I'd like to take you right back to the beginning. Could you tell me about your pregnancy? How old were you when the baby was born?

M: Twenty seven.

D: How many times have you been pregnant?

M: Three.

D: What number pregnancy was this child?

M: This was my third pregnancy.

D: How many children do you have?

M: Three, with this one.

D: What are the ages of your other children?

M: Two and three.

D: Are you and your husband blood relatives?

M: No.

D: Were you unwell during your pregnancy, were there any problems like bleeding or an illness, or did you take any medication?

M: No, there were no problems.

D: Would you mind me asking, Mrs Smith, whether the pregnancy was planned?

M: Yes, we had been trying for six months.

D: Did the baby arrive at the expected time?

M: Well, in fact, he came three weeks early.

D: Was the baby born normally or did you have to have forceps or a section or anything like that?

M: Yes, I had to have the baby by Caesarean section.

D: Do you know why the baby had to be delivered by section?

M: Yes, because there were signs that the baby was getting distressed in the womb, so I was advised that he had to be delivered immediately.

4/2

D: How was the baby at birth? Did he have any problems? How was he in the first few days of life? Did the baby stay with you or did he need to go to special care or to the nursery for any reason?

M: Yes, he was taken to the special care unit because he was very small and he was getting cold and needed to be given oxygen.

D: Was the baby premature – preterm, appropriate for dates, or overdue?

M: He was three weeks early.

D: What did he weigh?

M: Only 5 lb.

D: Was he jaundiced – yellow when he was born?

M: Yes, he had photo therapy for jaundice.

D: Do you know, Mrs Smith, whether James had to have any assistance with his breathing? Was he on a ventilator, for example, or was he just on oxygen in his incubator?

M: He had to be ventilated.

D: Did he have to have any transfusions?

M: Yes, he also had an exchange transfusion.

D: Did he have any other problems that you are aware of, such as infections or any need for resuscitation while he was in the special care unit?

M: No, I don't think so, Doctor, but they are recorded in his special care baby notes.

4/3/A

D: What I'd like to do now, Mrs Smith, is just have a look at James and check things out, like his heart and his chest. What I'm doing now is I'm just having a look at his reflexes to make sure that they are in places I would expect them to be. Now I'm going to have a gentle look in his mouth with this wooden spatula. Now looking in his mouth I can see that he has a little bit of thrush so I'll give you something called Nystatin for that, to help it go away. Could you tell me, Mrs Smith, whether you have any concerns about James?

M: Well, yes Doctor, I'm a little bit concerned about his cord because I would have expected it to have come off by now.

D: Well, in fact, Mrs Smith, this can take a week to ten days but if there were any signs that the separation of the cord is delayed or if it was becoming infected then I'd just give you some alcohol swabs so that you can clean around the belly button at bath time or when you change him.

4/3/B

D: Hello, Mrs Smith. Would you like to undress James? I'd like to see how his weight has been progressing in the last couple of weeks . . . 300 grams. That's fine, isn't it? Now I'll just examine him and have a look at how things are going. Are you happy with your breast-feeding? How's that going?

M: Fine, I think, although he always seems to be hungry and I wonder sometimes whether he's got some pain in his tummy.

D: Well, it's always worthwhile checking whether he's got any wind that's giving him some discomfort in his tummy. You don't need to give him anything for this, it's just a question of letting him sit upright a little while after a feed. How often does he have a dirty nappy?

M: About once a day, usually after a feed.

D: What does the stool look like? Is it yellow or green? Does it smell strong?

M: Well, it's very pale but it doesn't smell too much.

D: That seems OK. Can you tell me about James's immunisations?

M: Yes, he's had his triple, Doctor.

D: Good. How are things generally? Any anxiety about James?

M: No, not really. I'm a bit worried about taking him out in this cold weather, though.

D: Well, it's a good idea to take him out in the fresh air, but you must obviously dress him appropriately for the temperature.

M: What would you advise, Doctor, about dressing him at night time for sleep, because I've heard different views on this.

D: Yes, that's quite true, Mrs Smith. There is quite a lot of evidence to demonstrate that it's wise not to overwrap your baby at night time as there's a clear disadvantage from this with respect to things like cot death. So, what I would advise is that you never use a duvet /a padded blanket/ with a new baby. It's not recommended for a baby because babies are not able to lose enough heat if they are covered with a duvet.

4/4/A

D: Mrs Brown, I just had a look at Brian's hips during my examination. I feel that we need to be sure that his hip is developing normally and there's plenty of room for the top of the hip to fit into the pelvic bone. As I have some doubt as to whether there is more movement in the hip than I would expect, I think it would be wise for me to arrange for Brian to have an X-ray of his hips, and also to ask a colleague who is an orthop(a)edic surgeon to come and have a look and see whether he feels that we need to take any action along the lines of doubling up his nappies or applying a small splint until the hip stabilises.

4/4/B

D: So, John had some respiratory problems, some breathing problems in the first few days of life. Could you tell me about those?

M: Well, we were told that his lungs were very immature because he was preterm, and he needed to have help with his breathing with a machine. I do know, Doctor, though, that he had extra problems because he had an infection and he also became jaundiced, and at that time the doctor explained to me that they thought he may have developed jaundice both because he was premature and also because he had some bleeding in the brain.

D: Do you know how they established that he had had some bleeding in his brain, Mrs Green?

M: Yes, he went for an ultrasound scan of his brain when he was two days old and that confirmed it.

D: Do you know if he had any injuries during the delivery?

M: No, there was no problem there.

D: And also, do you know whether he had any congenital abnormalities noticed after delivery?

M: Well, Doctor, the doctors explained to us that John had been born with some of the things that should have been in his tummy up in his chest.

4/4/2

- a) Do you know if he had an infection?
- b) Do you know if he became jaundiced?
- c) Do you know if he had any bleeding in his brain?
- d) Do you know if he went for an ultrasound scan of his brain?
- e) Do you know if he had any injuries during delivery?
- f) Do you know if he had any congenital abnormalities?

4/5/A

M: Could I ask you, Doctor, what your advice would be if I were to breast-feed my baby? How often should I do this?

D: What I would recommend is that you feed on demand, particularly in the first few days of life as this will allow James to get your feeding pattern adjusted to his needs. By giving him feeds on demand, he'll gradually develop a regular feeding rhythm.

4/5/B

D: Did you bottle-feed your baby or did you breast-feed?

M: I breast-fed.

D: And how did that go?

M: I had to give up breast-feeding because I didn't have enough milk and I packed it in after about three or four weeks. I didn't have any milk, the baby was not satisfied and so I decided to put him on the bottle.

D: How many ounces does he tend to take with any one feed?

M: Four ounces.

D: How often does he feed?

M: Every 3 or 4 hours.

D: How does his feeding go? Does he take a long time to finish his bottle?

M: Not too long, about 15–20 minutes.

4/5/C

D: How long did the baby spend in the incubator?

M: I don't really know, Doctor.

D: When was your baby allowed to go home?

M: When he was three weeks old.

D: Was he tube-fed in the incubator or were you able to breast-feed him?

M: He was tube-fed at first, but then I was able to put him on the breast.

D: How long were you able to breast-feed him?

M: Only for three weeks, I'm afraid.

D: At what stage did you wean the baby?

M: When he was three months.

D: What sort of things did you offer him when you started to wean him?

M: I started him on Farex with some egg, and some Boots baby food in tins.

D: Has the baby been receiving any medication, any vitamin drops or iron?

M: Yes, he has vitamin drops.

4/6

D:

- 1 Do you have any concerns about the way James sees or any concerns about his eyes? Does he turn to the light? Does he follow your face? Does he follow a light?
- 2 What about his hearing? Is he aware of noise? Does he turn his head when he hears a noise? Does he recognise your voice?
- 3 How is he getting on with moving about? Is he able to roll over?
- 4 Is he getting up to crawl?
- 5 Is he pulling himself up?
- 6 Is he trying to get onto his knees?
- 7 Is he holding onto furniture to stand and cruise around?
- 8 When could he sit up by himself?
- 9 How old was James when he started walking completely on his own?
- 10 What do you think about the noises that James makes to communicate with you? Does he cry? Does he babble? Does he have any oohahh or gaga noises? Does he use them to attract your attention?
- 11 Does he get hold of things with his hands yet?

- 12 Does he reach with both hands or only one?
- 13 Does he pass things between his hands?
- 14 Can he feed himself with a spoon or with his hands?
- 15 Can he get hold of a drinking cup?

4/7

D: I gather, Mrs Smith, that you have some concerns about James. Could you tell me what they are and when they started?

M: Well, after a feed, Doctor, he seems to be in discomfort and draws his knees up to his tummy and cries. Sometimes he does it between his bottles.

D: How long after he's finished his feed, does he do this?

M: Well, it tends to be about twenty minutes after he's finished his bottle, but he can also be restless and cries throughout the night.

D: Do you think he's gaining weight all right?

M: Yes. . . .

D: Well, having a look at James here, I feel quite happy that there's nothing abnormal going on in his tummy and. I think what's probably happening is that he is experiencing colic. Although it's very awkward for you and James, it's not going to do him any long term harm, and now I would advise that you try very simple measures such as a drop of phenol gripe water.

4/8 See Workbook 4/8/2.

4/9

D: Could you tell me when James was born?

M: About a month and a half ago.

D: So he's 6 weeks now. So when did your concerns about him start?

M: Well, I've been concerned about him for two days now because he seems to be vomiting after every feed.

D: Could you describe what the vomiting is like Mrs Smith, for example, does it clear your lap and land on the floor?

M: Well, his vomiting is very strong, Doctor. He throws the vomit right across the room.

D: And what's in the vomit? Do you ever see any green material or any blood? Has he had any upset of his bowels?

M: Yes, it's often white but there's no blood.

D: Could you tell me how often he is opening his bowels? Whether the stool looks any different from normal?

M: It's yellowish and quite hard.

D: How do you think James is behaving? Do you feel he's behaving normally?

M: No, I don't, Doctor. He seems to be very irritable and upset and cries a lot.

D: Well, what I propose to do is to examine his tummy while he's taking a feed, so if you pop (put him on your lap) him into your lap and just put him to the breast. . . . Well, while I'm feeling his tummy, I can feel a little lump underneath my fingers and what that indicates to me is that he's got some overgrowth of the muscle at the exit of the stomach, and that is blocking the material like his milk draining from his stomach so I think that it's likely that what we need to do is a small operation to cut through the muscle and relax it.

4/10/A

M: Good morning, Doctor. I'm concerned about my son. He's now eight months old and he's been unwell. He's had a temperature and he also had diarrh(o)ea.

D: Could you tell me a little bit more about the diarrhoea? How often is it occurring in the day, and what does his stool look like?

M: It was watery.

D: Did it have any food pieces observable in it?

M: No.

D: Was there any mucus or blood or anything unusual with the diarrhoea?

M: Yes, there was both mucus and blood.

D: How much has the baby been drinking?

M: I'm afraid, not too much.

D: . . . Well, James seems to be quite dry and I think he's probably not been keeping enough fluids in.

So what we'll need to do is to set up an intravenous infusion to get the fluids directly into his circulation to bypass the problem that he's having by losing fluids through his diarrhoea and his vomiting.

4/10/B

D: Good morning, Mrs Smith. Would you like to sit down and tell me what your concerns are about James.

M: Well, he's vomited several times this morning and he's also had diarrhoea, and I think he's also experiencing some tummy ache and he's very lethargic and tired.

D: Has he had a temperature?

M: Yes, I think he has.

D: Have you noticed any blood in his stool?

M: No, I haven't. The stool is just loose.

D: How is he managing to drink?

M: Well, he is managing quite well. He is quite keen to drink but, unfortunately, he's not able to keep it down and it's all being vomited back up.

D: Well, let's have a look at him then. Could you pop (take) his clothes off and I'll have a little look first of all at his tummy. . . . Well, it's all very reassuring, I can't find anything very wrong looking at his tummy and he seems to be keeping plenty of fluids in, so you are being successful with your encouraging him to drink. I think what's probably happened is he's got an infectious diarrhoea and what would be a sensible thing to do would be to collect a sample of his stool and send it off for bacteriology analysis. We'll have the results in 3 or 4 days time.

M: Well, what should I do in the meantime, Doctor?

D: Well, the important thing is to make sure that he has sufficient fluids. So, as long as he's happy to drink, then he won't get into too much difficulty, and then once he's feeling a little bit better, you could start introducing a gentle diet.

4/11

D: Could you tell me, Mrs Smith, when James started coughing?

M: Well, it started a week ago and it's particularly bad at night. He keeps the whole family up.

D: Do you think he's having any problem with choking?

M: Well, he seems to be experiencing quite a lot of trouble getting his air in and getting his breath.

D: Is this the first time that James has found it difficult to get his breath?

M: No, this has happened three times before.

D: How frequently do you think it occurs?

M: Well, as I said, it happened about three times.

D: Have you noticed any relationship to the time of the year? Is it more likely to happen in the spring, for instance, rather than in winter?

M: No, if anything, it is slightly more likely to happen in winter.

D: And have you noticed anything else that brings it on?

M: Yes, I have. It always seems to be associated with a cold.

D: Have you noticed anything else, such as, does it start when he's running about or when he's been in contact with animals or anything like that?

M: No, I haven't. Although I must admit he's not very athletic and he does complain sometimes when he's running about a lot. It makes him cough particularly in cold weather.

D: Has he had any treatment for this?

M: Yes, he has had some treatment every now and then. He's had an inhaler which has helped a little bit.

D: **What about this present episode? What treatment has he had for this?**

M: Well, he has not had anything for this one because I was hoping it would just settle on its own.

D: **And with this present episode, how difficult has it been to get his breath? Has he been able to talk to you all right?**

M: It's been so difficult to catch his breath that he couldn't say things all right to me.

D: **Has he looked blue or pale?**

M: No, not that I remember.

D: **And how long did it last?**

M: Even though it lasted around five minutes, it was very scary.

D: **Has this been a difficulty that's made him lose time from school?**

M: He hasn't been to school for three days this week.

4/12

A

D: **Well, Mrs Smith could you tell me what happened?**

M: Well, I'm afraid that James followed his dad up the step ladder and fell off.

D: **How long ago was that?**

M: Only about 15 or 20 minutes ago.

D: **Do you know what kind of height he might have fallen from?**

M: About two meters.

D: **Was he knocked out?**

M: Yes, I think he was knocked out. Not entirely. Maybe just for a couple of minutes.

D: **Was there anything else unusual about him? Did he look pale or limp?**

M: Yes, he looked very pale.

D: **Did he have any jerking of his limbs, was he sick?**

M: No.

D: **Did he seem to be like himself when he came round or did he seem disorientated or unwell?**

M: He seemed very confused when he came around.

D: **Have you noticed any bleeding from his nose or ears or any bruising occurring?**

M: No.

D: . . . Well, I think what we need to do is to get an X-ray of his skull and in view of the fact that he hasn't been too well since he fell off the ladder, and that he had a period when he lost consciousness, I think it would be wise for us to admit him overnight just to keep him under observation.

B

D: **Can you tell me how the burn happened?**

M: Well, I think what happened was he reached out for a cup of hot coffee that I was carrying.

D: **How long ago was that?**

M: Half an hour ago.

D: **What action did you take once you'd realised this happened?**

M: Well, I stripped his clothes off and I ran cold water onto the burnt area.

C

M: Well, Doctor, I'm really not sure what has happened but I went out to the shops and when I came back I found Joe lying there very pale and clearly unwell.

D: **Where did you find him?**

M: In his grandma's bedroom.

D: **Did his grandma have any medication? Have you noticed any of it missing?**

M: Yes, we have, it looks as if there are some red pills missing from one of her bottles.

D: **And do you know what kind of medicine his grandma took?**

M: Well, it's certainly something to help strengthen her heart.

D: Well, I think the safest thing to do would be to try and wash out Joe's tummy so that we can get the remaining tablets out, before they're absorbed into his system.

4/13

M: Doctor, I'm worried about James because he has a high fever and he has vomited a lot since yesterday. He's very restless and he's been crying all the time.

D: Could you tell me a little bit more about the vomiting?

M: Yes, he's vomited five times and while he is vomiting he holds his head as if it's hurting him and I think he's probably got a very bad headache.

D: ... Well, Mrs Smith, I think that we need to establish whether or not James has got meningitis. And I suggest this because of his history of temperature, his vomiting and also because he's finding it uncomfortable when I try to flex his neck. Now it's quite straightforward to establish whether he's got meningitis, and we'll do this with a lumbar puncture. It's very quickly undertaken and it shouldn't be too upsetting for him. It will tell us very quickly whether what we're dealing with is meningitis, and if it is, then we'll be able to start the appropriate antibiotic therapy straight away.

4/14/2 See Workbook.

4/14/3

D: Well, Mrs Smith, could you tell me what's happened to James?

M: Well, half an hour ago he suddenly went rigid and blue and started jerking.

D: Had he been unwell before this?

M: Yes, he'd had a bad cold and he spiked a temperature just before this episode.

D: Which part of his body was involved in the jerking? Was it his whole body or only one side?

M: His whole body.

D: Did his colo(u)r change?

M: He went grey.

D: Did he seem to have any difficulty with his breathing?

M: Yes, he wasn't breathing.

D: How long do you think the episode lasted?

M: Around three minutes.

D: Did he wet or soil himself?

M: No.

D: Does anyone else in the family have anything similar?

M: Yes, I know, when I was a little girl I did have some febrile fits when I had tonsillitis.

D: ... What I would suggest, Mrs Smith, a sensible approach, is to try and keep James's temperature down in the event of further fevers, in order to see if we can prevent him having another fit with his fever. So, avoid overdressing him, particularly, as you have a temptation to pile clothes on him when he has a temperature, because he may look cold and trembling, but don't overdress him. In fact, if anything, take his clothes off down to his nappy. You can sponge him with tepid water and you can also give him some Paracetamol. Whatever you do, you must not put him in cold water, or in a cold bath because all that would do is increase the temperature in his body, so it must be tepid water that you sponge him down with.

4/15

D: Could you tell me what's been worrying you, Amy?

P: Well, Doctor, I've developed these funny rashes on my arms and my legs. It just came on suddenly yesterday.

D: Is there anything else about them? Are they itchy or uncomfortable or sore?

P: No, they are not sore, but they seem to be getting worse and worse and they also seem to be getting bigger.

D: Have you noticed anything else?

P: Yes, I have. When I go to the toilet, I think I've got some pink in my wee (pee).

D: And have you had a tummy ache?

P: Only a little bit.

D: Was there any blood in your poo (Am: poop)?

P: No.

D: Was there any swelling of your wrist, elbows or ankles?

P: No.

D: Well, what I'm going to do is I'm going to listen to your breathing. So, could you take a deep breath for me? Right. That's fine. You can just breathe normally now. Now I'm going to listen to your heart. Just lie down. I'll just have a look at your tummy. Now what we also need to do is have a little look at your pee so could you put a little bit in this pot here.

4/16

D: So, Mrs Smith, could you tell me what your concerns are?

M: Well, James is nine years old now and he's still wetting the bed.

D: Can you tell me whether he's always wet the bed or whether he had a period when he was dry and then he started wetting again?

M: Well, Doctor, he's wet the bed nearly from the word go.

D: And what about during the daytime? Does he have any problems wetting during the day time?

M: No, he's fine then.

D: Is it every night or does he sometimes have periods when he's dry?

M: No, it's every night.

D: And what kind of measures have you taken yourself to see if you can improve upon it.

M: Well, we've done the usual things. We've made him get up during the night, we restricted the amount that he drinks after tea time.

D: Has your doctor given you anything for it?

M: No, we've never tried anything.

Unit 5 UROLOGY

5/1

D: So you have problems with your waterworks (–Br) / urination.

P: Yes.

D: And do you have to go more often than usual?

P: Yes.

D: How often do you actually go during the day?

P: About 15–20 times on some days.

D: What about during the night?

P: I have to get up at least three or four times each night.

D: When you do pass water, do you have difficulty starting?

P: Sometimes.

D: Do you have any difficulty stopping? When you think you have stopped, do you have to go a bit more?

P: Yes, yes, that's it exactly.

D: After you have stopped urinating, do a few extra drops continue?

P: No.

D: What's the stream like? Is it the same as it used to be?

P: No, it seems to be just a trickle nowadays.

D: Do you think you are passing more or less water than you used to?

P: I'm not sure, Doctor.

D: Do you have any stinging or burning when you urinate?

P: Yes, sometimes.

D: Have you noticed any difference in the colour of the urine? Is it any darker or have you ever noticed any blood in it?

P: No, I don't think it's any darker and I haven't noticed any blood in it.

D: Do you drink a lot of water?

P: No, not really.

5/2

D: So, I understand that you are here because you've had trouble with your waterworks / urination.

P: Yes. My waterworks are not as good as they used to be. I am getting up an awful lot and I'm running to the toilet all the time.

D: Do you have much in the way of urgency, that is when you need to go to the toilet can you hold on until you get there?

P: Yes, every time I go to the toilet I need to get there quite quickly.

D: Do you ever not get to the toilet on time? Does it ever leak or dribble before you reach the toilet?

P: That happened to me twice, Doctor.

D: Well, when you go to the toilet, does it take some time to begin or do you begin quite quickly?

P: It usually starts quite quickly, Doctor, sometimes it starts before I get there.

D: When you pass water, does it come away with good force, is the stream good?

P: No, it's not as good as it used to be. It's not as good as when I was younger. It just dribbles, Doctor.

D: Does it stop and start when you're passing water?

P: Yes, it stops and starts or it sprays when I go to the toilet. It's not a good stream.

D: When you stop, does it dribble on at the end? Does it continue to leak after you pass water?

P: Yes, I always wet my pants, Doctor. It always leaks into my pants.

D: Does this happen immediately after or does it happen after say 5–10 minutes?

P: It happens a few minutes afterwards.

D: Do you feel you empty your bladder fully, or after a short time do you feel you need to pass water again?

P: Yes, when I get up in the morning, I pass water and then I need to go half an hour later to pass water again.

D: How much do you pass? Do you pass a lot of water or just a little?

P: A little.

D: How frequently are you passing water during the day and how frequently are you passing water at night?

P: I have to pass water every hour night and day.

D: Is it worse during the night or worse during the day?

P: It's bad during both night and day.

5/3

D: Your doctor has asked me to have a word with you because he believes that you have had trouble with your prostate. He thinks you have had some prostatic infections. Do you feel you have had any trouble with your prostate?

P: Yes, Doctor. I have a lot of pain. Every few months I have another bout of severe discomfort. It feels like a lot of pressure and a burning sensation just above my groin.

D: Do you have any problem with urinating? What's the flow like?

P: It's good but sometimes when I have these bouts it's quite slow.

D: When you feel you need to pass water, can you postpone going to the toilet, or do you really need to go quite quickly?

P: Normally, Doctor, I'm all right, but again if I have an infection I need to get there quite quickly and I'm going to the toilet quite a lot at that time.

D: When you start to pass water, is the stream continuous or does it stop and start?

P: It's always continuous, Doctor.

D: Are you able to stop passing water quite well, or does it dribble on?

P: It dribbles a little, but not very much, Doctor.

D: When you pass water, do you feel you empty your bladder fully?

P: Yes, I don't have any trouble with that unless I have an infection, when I'm running back and forth to the toilet all the time, and I only pass a little amount of urine each time.

D: How about the water, does it smell, or is it discoloured at all?

P: Not really.

D: Are you up much at night to pass water?

P: Normally once at night if I have a drink before I go to bed, but otherwise not particularly frequently.

D: I'm going to examine your abdomen and do a rectal examination. So please get up on the bed. Now I'm just going to pass a finger into your back passage to feel your prostate gland. . . . Is that uncomfortable at all? Does it hurt? . . . Now we'll massage the prostate and if there is any fluid discharged from your penis we'll collect it and send it off to the lab for an investigation to see if there is any infection in it. What I'm going to do is swab the urethra which is the lining of the inside of the penis. This will be a little uncomfortable but will not last very long.

5/4

D:

In older men it is quite common for the prostate to enlarge and cause the symptoms you have been experiencing. To relieve these symptoms, it may be necessary to remove the prostate but there are some drugs which may help. Before doing anything we need to do some tests on your waterworks (-Br). . . . Unfortunately, I don't think the drugs will help in your case so we will have to operate. Before your operation, I would like to explain what happens when your prostate gland is removed. You will have a few tests before your operation, like blood and urine tests, heart tracing, a chest X-ray and sometimes an IVP intravenous_pyelogram, which means we'll inject some contrasting dye into your vein which will pass through the kidneys and then we'll take some X-rays of your kidneys. You will speak to an anaesthetist who will decide on your type of anaesthesia – a general – when you would be completely asleep or an epidural which only numbs the lower part of your body.

There are two ways of removing the prostate. One is by operating after inserting a telescope through the penis or by making a cut in the lower abdomen. I'll decide which method to use after I've examined you.

After the operation your urine will be drained by a tube called an in-dwelling catheter. You may have some blood in the tube. Your bladder will be washed with water. You'll also have a tube in your arm called an IV which may supply you with saline or blood.

It's recommended that you start drinking large quantities after the operation. You can have tea, coffee, squash or water but fizzy drinks are not recommended. This will speed up your recovery and wash away the blood in the catheter.

The bladder tube will be removed 2–5 days after the operation. You should continue to drink as much as possible and pass water every two or three hours. Depending on your recovery, you are usually allowed home after about five days. Drink a lot of liquids at home and we'll give you a stool softener to avoid constipation. If you have any problems, call your doctor.

Your sex life will change a little. You can have intercourse a few weeks after the operation, but you will not emit any semen from your penis at sexual climax. Your semen will flow into your bladder and urine may be cloudy after intercourse. You are unlikely to produce any further children but should not rely on this as safe contraception.

5/5

D: Your doctor asked me to have a word with you regarding the urinary symptoms you've been having. What kind of symptoms have you had?

P: Oh, Doctor, I have to pass water all the time and I'm running back and forth to the toilet, and it burns and stings every time.

D: How often does this happen? Does this happen all the time, or is it an intermittent thing?

P: I have good days and have bad days. Sometimes when I get a bad infection it can floor me for a week. But at other times in between it never quite feels right but it's, you know, I can live with it when I don't have a bad bout of infection.

D: Have you noticed any blood or discolouration in your urine?

P: Yes, I passed blood on one occasion, but normally I don't pass any blood. Sometimes when I have an infection, my urine is smelly. It smells foul.

D: Is it cloudy at that time?

P: Yes, it's quite often cloudy.

D: How is your health otherwise, apart from this? Do you have any trouble with diabetes, heart disease, blood pressure?

P: No.

D: Are you on any other medication?

P: I'm taking aspirin for my arthritis.

D: Has your doctor given you any antibiotics for this?

P: Yes, he gives me some tablets whenever I get an infection, but in the meantime, in between times, I'm not on any tablets for it.

D: Now, in the first instance, what I'd like to do is to examine you, examine your abdomen and then afterwards we will organise some tests. I'd like you to get undressed and put a gown on so that I'm able to see your abdomen. Would you please get up on the table and I'll come round and examine you. . . . That's fine. You can get down. Now, about the tests. I'll send some of your urine off to be examined in the lab(oratory) to see if there's any infection present. We would advise you in the meantime to drink plenty of fluids and carry on taking any antibiotics that your own doctor prescribed for you. We'd like to organise routine X-rays and an ultrasound scan to assess the renal tract further. An ultrasound scan is a simple scan and it doesn't involve any radiation. It involves you attending the X-ray department for a few hours and they scan over your tummy with a probe which allows them to visualise the kidneys and the bladder. It's not a painful or unpleasant procedure. Once we have all these tests, we may call you in to have an inspection of the inside of your bladder. We call it a cystoscopy.

5/6

A

D: Mr Abbot, we'll do a flexible cystoscopy. For a flexible cystoscopy I'll bring you into hospital, and we'll pass some local anaesthetic jelly down through the penis which will anaesthetise the entrance to the bladder and then we'll pass a very fine, flexible tube into the bladder that will allow us to see the lining of the urethra and the lining of the bladder. It also allows us to examine the size of the prostate.

B

P: Why are you asking for a cystoscopy?

D: Because we want to have a look inside the bladder. We'll get you into hospital, and under a local anaesthetic we'll anaesthetise the entrance to the bladder and have a look inside the bladder. This is not a very uncomfortable procedure, that simply involves you being in hospital for a few hours.

C

D: If we feel we need to call you back for a cystoscopy, we'll probably do that under a general anaesthetic. We'll bring you into hospital for a day. We'll take you to the theatre, *pop you off* (-Br) /put you/ to sleep for no more than a few minutes. Then we'll pass a small telescope into the bladder through the urethra and inspect the lining of the bladder. At that time, we may also need to take some biopsies but you should be allowed home later that same day.

5/7

D: Your doctor asked me to have a discussion with you concerning the symptoms you've been having. Your doctor thinks perhaps that you have some trouble with stones in your kidney. When did you first notice the symptoms?

P: I've had them on and off for about three months. But it was only last week that I had such a severe bout of pain that it made me go to my doctor immediately. He gave me an injection for the pain and that's made things settle down somewhat since then. But I still have got this nagging discomfort that's occasionally quite bad on my right side.

D: Have you had any trouble in the past with kidney stones or any history of kidney diseases at all?

P: No, I was fine until the last few months.

D: Where exactly is the pain that you get?

P: I get it in the right side of my back.

D: Does the pain go anywhere else?

P: Yes, it travels down to my groin on the right and sometimes to my testicles.

D: What type of pain is it?

P: It's a sharp pain that comes and goes in waves. It's very severe when it comes on.

D: Does it make you feel sick or nauseated when you have the pain?

P: Yes, I feel sick, I was sick once.

D: How severe was the pain? How would you describe the pain? Was it one of the worst pains that you've had?

P: Yes, it's a very severe pain.

D: Do you have any associated changes in your urine, such as discolouration or grit in the urine?

P: Yes, I've noticed a change in the colour, and my doctor says that when he tested the urine there was some blood in it, but I didn't notice that. I couldn't see any blood in my water.

D: What I'd like you to do is to sit up on the bed. First of all if you could take off your shirt and loosen your trousers and lie down, please.

P: Lie on my back?

D: If you lie on your back, I'll examine your abdomen first of all, and then I'll examine your genitalia, and after that I'll ask you to turn over onto your left-hand side and I'll examine your prostate through the back passage. First of all, I'm going to have a general feel of your abdomen and after that I'll examine you to see if I can feel your kidneys, your liver, and spleen. . . . I'd like to examine your genitalia. That might be a little uncomfortable but hopefully that won't be too painful for you. . . . Was it uncomfortable? . . . That feels fine, I can't feel anything unusual in your abdomen, and the external genitalia feel normal. There is no abnormality. . . . And now I'd like you to turn over on your left-hand side. . . . Can you hold your right knee up towards your chest and I'll examine the back passage. . . . If you could try and relax it'll make it slightly less uncomfortable for you. I'll put some cold jelly on my finger. . . . Can you feel that? . . . Is there any pain or tenderness there?

P: It's just a bit uncomfortable, Doctor.

D: Now you can get up and get dressed and come back in about a quarter of an hour.

5/8

D: Your doctor tells me that you've been trying to have a family for the last four years now, and so far you've been unsuccessful. I'd like you to spend a few moments answering this questionnaire. I'll just go through the questions with you quickly.

Questions from a questionnaire to be completed by the patient

How often do you have sexual intercourse?

How long have you been married?

Do you live together?

Have you any history of infections?

Have you ever been in the army?

Have you ever had a medical investigation?

Have you ever had any operations on your external genitalia, on the scrotum, any hernia, any circumcision or vasectomy?

Have you ever had any infections in the waterworks?

Have you had any sexually transmitted diseases?

Have you ever had any children by any other partners?

Have you ever been investigated anywhere else for a similar problem?

When you have completed it, come through into the office. . . . Now I'd like to examine the external genitalia. If you *pop up* /sit/ on the bed, then I'll examine your abdomen and the groin regions. The examination may certainly be a bit uncomfortable but it should not be too painful. Now I'd like to get a blood sample for hormone levels which will be sent off to the lab, and we'd like to get a semen sample in order to analyse it under the microscope in the lab. What I'd like you to do is to take these two pots away, and after three days of not having any intercourse, put a sample into this pot by masturbating not using a condom, because the condom influences the sperm count, and then bring it to this lab fresh on the same morning of collection. We usually have two samples, one week apart and thereafter we'll see you back in the clinic in a couple of weeks' time to see you with the results. If you have a low sperm count, we arrange for blood tests to check the hormones circulating in your body. Sometimes we may have to do a testicular biopsy by bringing you in as an inpatient just to stay for one day, and then under a general anaesthetic, we'll take a small biopsy of the testicle to look at under the microscope. This tells us how well it is functioning. You'll be allowed home the same day. It's not a painful procedure as you are asleep on the table when the procedure is done.

Unit 6 EAR, NOSE and THROAT

6/1/A

D: Let me examine your ear. Now I'm looking for any ulcers or other abnormalities of your ear. I'm stroking your ear with my thumb in front to detect any scarring. I'm now looking behind your ear to see if you have any scars there.

Now let me pull this part of your ear out so I can put the speculum in to look inside with my light. Very good. (I'm going to puff a little bit of air with this balloon into your ear.) Very good. Now I'm going to have a look with the magnifying otoscope, and if we need to later we can use the operating microscope to see your eardrum in more detail.

6/1/B

D: I'm going to call out some numbers. Repeat the numbers I say. I'm going to put my hand across your eyes so you can't read my lips, and my finger in your other ear and wiggle it slightly so we're only testing this ear. Now I'm two feet away from you at my arm's length. I'm going to call out some numbers. Repeat the numbers I say: 80, 60, 42, 16, 60, 18, 80, 12. What did I say? Did you hear anything? Tell me when you can no longer hear it. Now I'll turn you around and I'll do the same with the other ear. I'll cover your eyes again, this time I'm blocking the other ear, repeat the numbers I say again.

6/2/A

P: Doctor, I'm having problems with my hearing.

D: I see. Well, I'd like to test your hearing now. Which is your better hearing ear? Which is your worse hearing ear?

P: I don't know. I'm all right one to one, but in a crowd I'm useless. I can't hear the doorbell, I can't hear people speak on the phone. Everyone complains that I have the television on too loud. If I go out into a crowd, I've had it. I hear all the noise behind me.

6/2/B

M: My baby is six months now, Doctor, but he doesn't seem to hear me.

D: Does he smile, does he know you?

M: If he sees me, yes, but he never seems to hear me and he's not talking at all.

D: Does deafness run in your family?

M: Well, I think my great grandmother was deaf, but I'm not sure.

D: Was it a normal birth?

M: No, he was born ten weeks early and went to a specialcare baby unit. He had meningitis then. But he looked as if he was normal.

D: I think we'd better do some special hearing tests to check out your baby's hearing.

6/3

- 1 I had a bad head cold last week, and since then I can't hear. My ears feel all clogged up. Last night I was ill. I had a fever and I had a terrible earache, just terrible. It went on and on. It throbbed and suddenly my ear burst.
- 2 My ear always feels blocked up and I can't get the blockage out. I put cotton buds (balls) in and pulled this stuff out. But it only seems to get worse. It itches terribly and sometimes I think I'm going deaf.
- 3 During rugby yesterday, this prop fell on me and hit the side of my head. It has been bleeding since but now it's stopped and I think I've gone a bit deaf.
- 4 I was serving at a bar in a pub, when someone took a dislike to me and hit me on my ear. I've been deaf on that side ever since.
- 5 I was in a car accident last week and my head hit the side of the car, and since then I can't hear in this ear. I was in (a) hospital overnight and they X-rayed my skull. They don't think I've fractured it.
- 6 I've worked in the steelworks for 30 years now. Whenever I get home at night, there's a ringing in my ears and I have the television on very loud. I think I'm going deaf.
- 7 Little John has been bad. He's been ill, he's had a headache, he's been terrible, he's been crying half the night and now his ear started running, and he's been feeling sick (nauseous).
- 8 Ever since I had scarlet fever when I was seven, my ears have been running on and off. It happens several times during the winter. I just feel my ear pouring, (I can feel my ear draining) and it's getting worse. Sometimes it smells terrible.

6/4

P: My ears are always ringing day and night; I can't sleep.

D: Which is your bad ear?

P: My right ear hurts.

D: Does it run as well?

P: Yes.

D: Has your hearing got worse lately?

P: It's been bad while it's been running.

D: Do you hear noises in your ears?

P: Yes, I've got ringing in my right ear.

D: What's it like? Is it high-pitched or is it low?

P: It's a high-pitched whistling, like machinery.

D: Do you have it all the time or does it come and go? Does it throb with your pulse?

P: I have it most of the time, Doctor.

D: Do you get dizzy at all?

P: Yes.

D: When you're dizzy, do you mean everything goes round and round in circles or do you just feel wobbly on your feet?

P: Everything spins round and round.

D: Does it make you feel sick or are you sick? (Am: Does it make you feel nauseated or do you actually throw up?)

P: I've been sick for the last two days, but now I just feel sick. I'm not actually vomiting. (I'm not actually vomiting, but I feel nauseated.)

D: Do you have a headache with this?

P: Yes, it's there.

D: I'd like to test your hearing with this tuning fork. I'll strike this tuning fork, and put it on your forehead. Where do you hear it? Do you hear it in the middle or only in one of your ears?

P: It's in the right ear.

D: Very good. Now I strike it again, and hold it next to your left ear. Do you hear it?

P: Yes.

D: I put it behind your ear. Is it louder or softer?

P: Louder behind.

D: Very good, now the other ear. I'll strike the tuning fork and hold it up to your ear. Do you hear that?

P: Yes.

D: Louder or softer?

P: Louder.

D: Right.

6/5

P: My ear feels all blocked up, Doctor. I've been deaf since yesterday when I was having (-Br) (taking) a bath.

D: Does it hurt?

P: No.

D: Does it run (drain)?

P: No, I just can't hear.

D: Right. Sit down, turn around, let me look into your ear. . . . Aha it's full of quite hard wax. Do you get a lot of wax?

P: I suppose I do. . . .

D: This wax is too hard for us to get out now. You will have to put some almond oil or olive oil from the supermarket in your ear. Warm it slightly before you put it in your ear and come back next week. We'll take the wax out. . . . (a week later) . . . Well, the wax looks quite soft, so we'll syringe it. Now lean slightly over, put this apron around you so you don't get wet, and I'll put this kidney basin (bowl) under your ear. I'll fill up this big syringe, right to the top. I'll put a nozzle into the upper part of your ear, the water is warm, so you shouldn't feel dizzy, here we go.

B

D: Lie down on this couch here, under the microscope. Put your head on the pillow there. Turn slightly away from me. That's good, I'm bringing in this microscope and focusing it on your ear. I'm putting a speculum in your ear. Now you'll feel some tickling and itching. I'm using a little hook to get the wax out. Here it comes, we're done.

6/6

P: My ear is itching all the time, Doctor.

D: Do you keep poking it with your finger?

P: I know I shouldn't, but I do, and I scratched and made it worse.

D: Have you had any ear drops from your doctor?

P: No.

D: Let me take a look. . . .

A

Aha, you've got what we call outer ear infection. You have a mixture of wax and skin in your ear canal because you've been scratching and because you have an infection in your ear, it's itching. I'll clean it out with this sucker (Am: suction) and then I'll give you some ear drops.

P: Will my hearing get better, Doctor?

D: Yes, it will. It's not the ear drum, the hearing part of the ear, just the outer ear.

B

D: You've got furuncle or otitis externa. You've got an outer ear infection; you've got boils. That's why it's so tender like a boil anywhere else on your body. We're going to put a dressing in to draw it. Come back on Friday, we'll take it out to see if they've come to a head.

6/7

P: I've been having trouble with my ears. I have terrible earache. I can't seem to hear well at all and I've had a temperature on and off for a week.

D: You've got an ear infection. There is pus behind your ear drum. We'd like to let it out. What we'll do is put some cream in your ears, an anaesthetic, let it work for half an hour, and then we'll make a nick in your ear drum and let the pus out.

6/8

M: Doctor, we think our little girl's got a bead up her right nostril. It's missing from my necklace and her nose has been running since. We think we can see it.

D: Right. Nurse, would you come here? . . . Sit on mummy's lap, lie back, let's put this sheet round you, well done. The nurse is going to hold your nose, that's lovely. Now I've got this little magic light. I'm going to look in your nose. Well done! I haven't looked up your nose before. Now wait, I'm putting this little hook down it. Ohh, now it's out. Here we are. Now promise never to do it again.

6/9/A

P: I have a lot of nosebleeds, Doctor.

D: When you blow your nose too hard?

P: Well, yes. Sometimes it just happens anyway.

D: Have you ever broken your nose?

P: No.

D: Do you bruise easily?

P: No.

D: Have you ever had trouble with your blood pressure?

P: Not, as far as I know.

D: Let me look up your nose. Tilt your head back. It's the right side that bleeds more, isn't it?

P: Yes.

D: You've got some weak blood vessels here. They are very prominent in what we call "Little's area." I think that's where you're bleeding from. I'd like to cauterise those. . . . Now I'm going to spray this area with some local anaesthetic. Open your mouth and breathe through your mouth while I do it. It doesn't taste very good. Now wait a couple of moments. Has the taste gone? Good. Let me see your nose again. I'm putting this speculum in. I'm going to touch this area with this stick. We can cauterise it. Ahh, you're bleeding slightly now from that weak point. I'll hold this stick on it for a minute. Good, it's stopped. Now, there are a few other areas. I'll do the same. . . .

We've cauterised your nose here. We've made a scab where it was bleeding. It'll be weak for a few days, so don't blow your nose hard. Put some vaseline in your nose over this area for the next week while it heals.

6/9/B

D: Which side is bleeding more? . . . It's your right, isn't it? Is much of the blood going down into your mouth?

P: No, it isn't.

D: That's good. Do you ever have trouble with your blood pressure?

P: No.

D: Do you bruise easily? Yes, you do. Your skin's getting thinner as you get older, isn't it.

Now, we'll be as quick as we can. Sit here on this chair. Well done. Let's put this apron round your neck. Well done. Breathe through your mouth. There. We'll be shining a light up your nose, holding it open with a speculum. We'll be using some suction. I'm going to put some spray up your nose. It doesn't taste very good. . . . Breathe through your mouth while we do it. Very good. I'll be pulling out this blood clot. Well done. I can't see where it's bleeding from. I'll put a bandage (pack) in your nostrils to stop it and you need to stay with us overnight. Bear with us, I'm putting this tape in your nose, it's ribbon gauze with some BIPP on it. Keep going, the worst is over now. A few more layers of it. Very good. Has it stopped now? Good. We'll put this little bolster over your nose to keep the dressing in. Stay in hospital overnight, and stay in your bed all the time because if you strain or cough or lift things or move around, you may start the bleeding again.

6/10/A

D: I've got the patient sitting on a chair upright, breathing through his mouth, I'm using the Bull's eye lamp, shining it on my head-mirror focused on his nose. We're going to perform a test (proof) puncture of the antrum using a Tilley-Lichtwitz Trocar and cannula. We've prepared the nose with a local an(a)esthetic using 25% cocaine paste on cotton-wool on a silver cocaineising wire. If the patient should faint, the silver will bend as they collapse, which is why we use silver wire. The local anaesthetic has been there for some ten minutes to shrink the mucosa in the inferior meatus and also for local anaesthesia. He's now got some anaesthesia in the region of the antero-superior alveolar nerve. It's numb over the incisor and canine teeth on that side, so we'll remove the cocaineizing wire. Now, holding the nostril open with the speculum in my left hand, I'm passing the trocar and cannula under the inferior meatus. The meatus's attachment is somewhat curved so I'll pass it back until I feel resistance and I pull back slightly, turn the point towards the tragus of the ipsilateral ear and I'm entering the antrum with a slight boring action. I've put my index finger out to stop me from penetrating too far. Then I enter the antrum, now I'll advance slightly further, pull back the trocar until the tip of the cannula is in the middle of the antrum. First, we'll aspirate pus using an ordinary 10 ml syringe. Now we've taken a specimen of pus, and we'll send it for microscopy-culture and sensitivity. Now we're going to irrigate the antrum using the Higginson's syringe. We put some warm water in a basin. The Higginson's syringe is a rubber syringe with a central bladder, and piping at both ends which we'll attach through an Iver-lock connector to the cannula, and we'll place the other end in the water. Then pumping the bladder, the sinus is irrigated. We are using suction from the hospital supply to suck out excess fluid as it returns.

6/10/B

P: Doctor, I had this bad head cold. It's gone, but now I've got this pain in the left side of my cheek and around my eyes. It's throbbing behind my eyes.

D: Do your teeth hurt?

P: Yes, they do, now that you mention it. The pain goes round to my ear as well. It's terrible. If I lean forward it throbs. I've had some muck (-coll) / drainage coming out.

D: Have you had/taken any medicine?

P: Yes, I've had some Vibramycin, and some nose drops.

D: Any benefit?

P: I'm not really sure.

D: Sit up in this chair. I'll turn on the light to look up your nose. I'm holding your nostril open with this speculum. Now I'm looking up with my light. Are you tender here on your cheek and around your eye?

P: Yes.

D: You've got a nasty left-sided sinus infection. Now it hasn't got better just with the antibiotics. The X-ray shows here you're full of pus on that side. We'd better drain it. Now we don't need to put you to sleep for this, we'll do it with you awake. I'll put this anaesthetic on this cotton wool on this silver wire, put it in your nose. Now wait there a few minutes. . . . Are your teeth going numb?

P: Yes, they are, it's odd.

D: Right, then it should've worked. Now I'll take this out. You should shut your eyes for this. I'm holding your nose open with my speculum again, and I'm passing this up your nose. It's a bit like syringing up the inside of your cheek. Here we are. I'm going to push now. Wait, right, now we're in. Well done, that's the worst part over. Now we'll suck this out. Ah see, you've got pus. Very good. I'm almost finished. Now I'm going to syringe through it. I've got a bowl of water here and a Higginson's syringe. Right. Now you'll feel as though it's being scratched. Open your mouth wide. Breathe through your mouth. You'll feel water going in and out through your nose. Just let it drip out and we'll suck it out. Keep breathing through your mouth, just let the water run out of your nose. Well done, it's coming back clear now. We can stop.

6/11

P: Doctor, I can never breathe out of my left nostril.

D: **Have you ever broken your nose?**

P: Yes, last year.

D: **Have you had any bad colds or high temperatures (fever) lately?**

P: No.

D: **Are you otherwise well?**

P: Yes.

D: **Do you get hayfever in the summer?**

P: No.

D: **What's your job?**

P: I work in an office.

D: **Is it very dusty?**

P: No, not really.

D: **Do you sneeze or have watery stuff coming out of your nose or get an itchy nose?**

P: Not really.

D: **Do your eyes run?**

P: No.

D: **Do you get any pus out of your nose?**

P: No, not really. I just can't breathe through it and I snore.

D: **Do you tend to breathe through your mouth all the time?**

P: Yes, I do. And Doctor, in the morning my mouth's terribly dry.

D: **I think that's because you've been mouth-breathing all night and you've dried your mouth out. Can you smell?**

P: Well, I can't smell at the moment.

D: **Does your nose bleed at all?**

P: Sometimes it bleeds on this blocked side, especially when I blow my nose hard.

D: **Now sit down, I'd like to look up your nose. Sniff for me, sniff on the other side. I'll shine this light up your nostril and hold your nostril open with this speculum, and now the other side, very good. . . . Well, Mr Williams, it is the left side of your nose that's blocked.**

P: Yes. Since I broke it last year.

D: **You've got a deviated nasal septum. This part of your nose is cartilage, and instead of being straight it's twisted and the twist is blocking you on the left side. I'm pleased to say we can fix it for you. We can put it right with an operation to straighten up your nose, as there are no medicines or tablets really that will help.**

P: Is it a big operation?

D: **No, not too big. It's quite common. If you agree, we'll bring you into hospital the day before the operation. You can usually go home the day after your operation, or possibly the second day after that. We do it under a general anaesthetic. It's done through your nostrils, there's no cuts on your face.**

P: No black eyes?

D: **Not for this operation. When you wake up from the anaesthetic, you'll probably have a bandage up both nostrils overnight so, you see, you'll have to breathe through your mouth that night. Would you like the operation?**

P: Will it work?

D: **Yes, we can say that we can make things a lot better than they are now.**

P: That doesn't sound too bad. I'll have it done, please.

6/12/A

D: I'm going to examine your mouth. Open your mouth wide for me. Let me put these tongue blades under your lips to look from side to side. Stick your tongue out. Lift it up to the roof of your mouth ... down again . . . to your right . . . to your left. I'm going to look at your vocal cords. Can you take out any false teeth

you have. Sit up straight. Lean very slightly forward. I'd like to look deep into your throat with this mirror. I've warmed it with a burner. You can see it's not hot. I can touch it and it doesn't hurt. Open your mouth wide. Stick your tongue out. I'm going to put a swab round it and hold it. Breathe steadily through your mouth. I'm passing this mirror to the back of your mouth and now say "ee".

6/12/B

P: Every day when I wake up, my mouth's dry and I can't talk. I have to have a few drinks or something to get my mouth working. As the day goes on, my voice tires as well and I get hoarse.

D: I'd like to look down your voice box with this mirror. Open your mouth wide. That's lovely. Put your tongue out. Let me hold it with this swab. I've warmed this mirror slightly on the Bunsen burner. It's not hot, you can see that. Breathe through your mouth. Sit up straight. Lean very slightly forward ... lovely. Let me put this to the back of your mouth. Keep your tongue down, that's super, and say "hay" ...

You've got laryngitis. Your vocal cords, your voice box, they're all sore. Do you smoke?

P: Yes.

D: Do you use your voice a lot? Do you shout a lot?

P: Yes, I'm a school teacher.

D: You must rest your voice as much as you can. You really should stop smoking. Take care with hot and spicy food or cold drinks.

6/13

P: I've been hoarse for about a month.

D: Do you smoke?

P: Yes.

D: How much?

P: Twenty a day.

D: Does that mean forty a day?

P: It might.

D: Do you drink much?

P: Well, I like a glass of whisky when I go to bed at night.

D: Does anything bother you?

P: Well, hot food hurts my throat.

D: Do you have any difficulty swallowing?

P: Sometimes.

D: Do you get any pains in your ears?

P: Yes, when I swallow my ear hurts.

D: Now I'm going to look at your larynx, your voice box. ... You've got some trouble with your larynx I'm not quite sure what it is but you have been rather harsh on your voice, it might be something nasty. We really will need to get you into hospital, put you to sleep to look at it while you are asleep. We'll take a biopsy and see what it is. Then see if we need to do anything.

6/14

P: I was eating this haddock yesterday and I'm sure I felt something stick there. I think I'll never eat fish again.

D: Can you eat and drink?

P: I can, but whenever I do I feel it there.

D: Where is it, point it out to me.

P: Here over on one side.

D: Right. Now let me have a look at you. Sit down, open your mouth, head slightly forward. Let me put this tongue depressor on your tongue. I'm shining this light in. Aah, there's a fish bone in your tonsil. Now hold steady, breathe through your mouth and I'll put these forceps in. Hold it ... well done, that's out, that's out. Try to swallow. Do you feel better now?

6/15

D: We need to change your tracheo(s)tomy tube. We've got the new one ready here with an introducer. Let's untie these tapes around your neck and bring them round. That's good. We have the suction running in case we need it. We have to suck out (Am: suction) your tracheostomy before we take the old tube out in case you have a lot of mucus. We bend the suction tube as we put it in. It'll only suck as we pull it out. Now take a deep breath for me and we'll pull this tube out. Right, we are putting a new tube in. It's in. Let's take out the cannula. Very good, you may breathe. Let's put these tapes in and tie them back again.

6/16/A

D: Good morning Mr Gordon, sit down. Is your voice better?

P: /clears throat/ Yes, Mr Macleod, not perfect but at least I can talk. Do you have my results?

D: Yes, I do. I'm pleased to say there's no sign of cancer, but ...

P: Oh, Thank God! No sign of cancer! No sign at all?

D: Yes, that's right. But listen for a moment. You have done your voice a lot of damage with smoking, and a lot of overuse at work. I couldn't be sure it wasn't cancer until we had the result. In the future you really must try to stop smoking, as long as you keep smoking you can get more trouble with your voice, and one day it could turn nasty.

P: Oh, yes, Doctor. I am trying – I've cut down a lot, but you know, it's not easy.

D: Well, do your best. Today it's good news for you, but I do want us to see you again in a month and keep an eye on you for the present.

6/16/B

D: Good morning, Mr Duncan. How's your voice?

P: Much the same. Perhaps a little better.

D: Now Mr Duncan, please listen carefully. We have got the result of your biopsy, and I'm afraid we will need to give you more treatment for your voice. The report has come back saying that some of the sample looks nasty. There is some cancer there, not a lot, but some.

P: So it is cancer, Doctor?

D: Yes, Mr Duncan. But we've caught it early and there is treatment, and it does work well. If you're going to get a cancer anywhere, your larynx is one of the best places to get it. We can give you treatments, and many people do very well.

P: Is it taking my larynx out, Doctor?

D: Not in your case. We will get you seen by the X-ray doctors next week. The treatment is X-rays.

P: I've cut out the cigarettes, Doctor.

D: That's very good. You're certainly doing your part. Our part is to get the treatment started as soon as possible. I'll arrange your appointment at the radiotherapy clinic. Would you like me to speak to your wife?

P: No, I'll tell her.

Unit 7 ORTHOPAEDICS

7/1/A

P: Doctor, I've cut my hand.

D: Let me see. Where have you cut your hand, Mr Smith.

P: Just here.

D: How did it happen?

P: I was using a saw to cut some wood and the saw slipped and sliced my finger.

D: Has there been a lot of bleeding?

P: Yes, the blood was spurting out at first and it has soaked through my handkerchief.

D: Can you bend your finger?

P: Yes.

D: Can you feel me touching the tip of your finger?

P: Just.

D: Does it feel normal?

P: No.

D: In what way does it not feel normal?

P: It feels numb compared with my next finger.

D: When did you last have an anti tetanus injection?

P: I haven't had any.

7/1/B

P: Doctor, I've injured my hand. I think I may have broken a bone.

D: Tell me, Mrs Jones, how did you injure your hand?

P: I slipped on some ice, and fell and landed with my hand out in front of me.

D: Can I see your hand? Show me how well you can move your fingers.

P: It's painful when I bend my middle finger.

D: Your hand is more swollen and tender in the palm. . . . I think you may have broken a bone. I'd like you to have an X-ray.

7/1/C

P: Doctor, I have a painful, swollen right knee.

D: How did it occur?

P: I twisted my knee playing football yesterday. I was unable to continue playing the game and since then my knee has become more swollen and painful.

D: Can you move the knee?

P: When I try to move it's painful and I'm unable to fully straighten the knee.

7/1/D

D: Come in, Miss Miller and sit down. What's the matter?

P: Doctor, I sprained my ankle getting off the bus yesterday and now I find it very difficult to walk.

D: Let me see. Can you move your ankle? Move it up and down. I want to check if you have torn ligaments.

P: Ow, Doctor. That's sore.

D: I'm sorry, I'll be more gentle. . . . Miss Miller, there's swelling and tenderness over the outside of the ankle. I think you're right, you've sprained your ankle. I recommend that you wear this bandage and have some physiotherapy.

7/2/A

D: Here you can see a fracture through the third bone which is called the metacarpal. You can see that the bone is bent and in order for you to be able to use your hand normally, I think we ought to give you an anaesthetic to put you to sleep in order to straighten the bone. We should be able to hold it in the straight position with a plaster, but it is possible we might need to put wires in the bone to hold it in place. So that you don't feel any pain we'll need to anaesthetise your hand. This can be done by injection to make either your hand or your whole arm go numb but if you prefer you could go off to sleep under a general anaesthetic.

7/2/B

D: The knee is very swollen and it is possible there may be some bleeding within the joint. You are tender over the inside of the knee and are unable to fully straighten the joint. I'm sure you have torn the cartilage over the inside of the knee. You'll require an operation. I advise an arthroscopy under a general anaesthetic. This is the insertion of an arthroscope into the knee through a very small opening. We are able to see the inside of your knee on a television screen and I am certain we'll find you have torn the cartilage.

If that is the case, at the same time, we'll go ahead and remove the torn part of the cartilage. This will relieve the pain and swelling in your knee and allow you to return to football in a few weeks' time.

7/2/C

D: Mrs Smith, I'd like to examine your shoulder. Please show me how far you can move it. Can you raise your arm over your head, forwards and now to the sides. Can you touch the back of your head? Now can you touch the middle of your back with your hand? That's good.

How well can you move your elbow? Can you bend it up and straighten it? Now stop me from bending it and stop me from straightening it. . . . And now I'd like to examine your wrist. Cock your wrist up and now bend it down. Can you twist it, as though you were turning a key, first one way and then the other. . . . Now I'd like to examine your hand. Please squeeze my fingers. Now, can I examine each finger in turn? Touch your thumb with each of your fingers. Now pinch your index finger and your thumb together and stop me from separating them.

7/3

T: Damien, I have put the plaster on to keep your bone in the right position. It's very important that you do not get the plaster wet, because then it will become soft and the bone may move. I would also like you to come back to hospital straight away if your fingertips feel tingly or numb or if your fingers go pale or blue. This would suggest that the plaster is too tight and we would need to split it to relieve the pressure. In order to avoid swelling within the plaster, I recommend that you keep your hand elevated so that the swelling can drain away. You'll need to be in the plaster for six weeks altogether, but we'll need to get some X-rays done before then, to make sure the bones haven't moved.

D: Damien, I'm pleased to say that your fracture has healed in a very good position and now we can take the cast off. I'm going to use a special sort of saw to cut through the cast. It makes a loud noise but it's very safe. It vibrates, and so will not cut your skin even though it cuts through the plaster.

7/4/A

M: Doctor, I've noticed that my daughter's spine has become crooked.

D: When did you first notice this, Mrs Black?

M: It was during the summer when my daughter was wearing a T-shirt. I noticed that the right side of her back appeared very prominent.

D: And since you first saw that, has there been any change in the shape of your daughter's back?

M: No, not really, although it may have become slightly more curved over the last few months.

D: How's Mary's health?

M: She's usually a very fit girl. She has suffered from asthma in the past, but doesn't take any medicine regularly.

D: Is there anyone else in your family who suffered from curvature of the spine?

M: Yes, my brother, that's Mary's uncle, was quite severely disabled by curvature of the spine when he was in his teens.

D: I see, so you're obviously concerned that the same thing may happen to your daughter.

M: Yes, Doctor, that's right.

D: What I'd like to do now is to examine Mary if that's all right with you.

M: Yes, please go ahead.

7/4/B

D: Mary, what I'd like to do first is (to) examine you standing up. Please would you take your clothes off for me. . . . Thank you. Would you please stand as straight as possible. . . . That's good. Now walk across the room. . . . That's fine. Now stop and turn around and come back towards me. . . . OK Come and stand in front of me again. Now stand with your back to me. Now lean forward as far as you can. Now lean back. Now stand straight again. Now lean over to the right, and now lean to the left. . . . What I'd like to do now is examine your legs. Would you lie on the couch for me, please. . . . Mary, I need to get some X-rays of your spine. These will be taken with you standing, from the back and from the side, and I'll see you again after they've been done.

7/4/C

D: Mary, I'm pleased to say that your scoliosis, which is curvature of your spine, is not very severe and the treatment I recommend is physiotherapy. I think it is best for you to have exercises to improve your posture which will include some in the hydrotherapy pool.

7/4/D

D: Dora, you have scoliosis. I'm very happy that you won't need an operation to put this right. . . .

Mrs Thomas, scoliosis is (a) curvature of the spine. No one's quite sure what causes it but we can be certain that a curve of the amount that Dora has will not progress enough to require an operation. However, in order to stop it deteriorating, I wish to recommend that Dora is put in a plastic brace which she should wear day and night for the next few months. We'll need to keep a close eye on Dora's spine to make sure that the curve doesn't get worse.

7/5

A

D: Hello, Mrs Smith. My name's Dr Jones. I'm one of the orthopaedic surgeons at the hospital, and I'd like to examine little John's hips. This is a routine procedure which we perform on all newborn babies.

B Situation I.

D: I'm afraid, Mrs Smith, that one of John's hips clicks. This is quite a common finding and rarely causes problems in the long term. It doesn't need any special treatment at the moment but I would like to re-examine John in four weeks.

C Situation II.

D: I'm afraid, Mrs Smith, that one of John's hips came out of joint when I examined them. This will need treatment now, but because it has been detected so soon it shouldn't cause any problems in the long term. I recommend that John wears double nappies to start with and I wish to re-examine his hips in four weeks.

D Situation III.

D: Mrs Smith, I'm afraid that one of John's hips is out of joint and his right leg is shorter than the left. I would like to get an X-ray. . . . Mrs. Smith, I'm sorry to say the X-ray confirms John's hip is out of joint. If it is left in this position then the hip will not develop properly but if we treat it at this early stage then he stands every chance of developing normally. The treatment, first of all, is to wear this plastic device called a Pavlik harness, but if this is unsuccessful then John may need an operation to put his hip back into joint.

7/6/A

D: Hello, Mrs Wallis. My name's Dr Trelawney. Come in and sit down. I have a letter here from your family doctor but I'd like to ask you a few questions, as well. How old are you?

P: I'm 35 years old.

D: What's your occupation?

P: I'm a shop assistant.

D: What problems are you having at the moment?

P: My right hip is sore and I'm having difficulty walking.

D: How long have you had these problems?

P: I've had them for many years.

D: How did they begin? Was it sudden or gradual?

P: I've really had the problems for as long as I can remember, but they've been getting gradually worse over many years.

D: Do you remember an accident at the start of your troubles?

P: No, the problems seemed to develop for no good reason.

D: What are you prevented from doing by your sore hip at the moment?

P: I'm able to do very little. I struggle to walk just a few hundred metres.

D: Where is your pain?

P: It's mainly my left hip, but my right knee is also slightly sore.

D: When do you get the pain?

P: I have pain most of the time but it gets worse towards the end of the day, especially if I've been on my feet all day.

D: Do you limp?

P: Yes, I limp very badly.

D: Do you need to use a stick or crutches to get around?

P: Yes, I have a walking stick which I hold in my left hand.

D: Do you find it's getting harder to get around?

P: Oh yes, certainly.

D: Does your hip cause you any other problems?

P: Yes, it's so stiff I can't bend over to tie my shoe laces.

D: Do any problems run in the family?

P: Yes, my mother also had a stiff hip and she had a limp. She needed an operation when she was only forty to give her a new hip.

D: Now I'd like to examine you. Can you please take your clothes off. That's good. And now stand up, I'd just like to measure the length of your legs. Good. Now if you could lie on the couch. That's good. Show me how well you can move your hip. Good. Now I'd like to move it. I'll bend it up and straighten it again. Now move it across to me. And now to the other side. Now turn it in and turn it out. That's good. I need an X-ray of both your hips and pelvis.

7/6/B

D: Mrs Wallis, I have the results of your X-rays. These show you have severe osteoarthritis of your left hip. This is due to a congenital dislocation of the hip which you've had since birth. I think the best treatment for you would be an operation to replace your left hip.

P: Tell me, Doctor, is that a major operation?

D: Yes, it is undoubtedly. But you are having so much trouble I do not think there is any other alternative.

P: I'm very worried about this, Doctor. What does the operation involve?

D: It is a major operation which would require you to be in hospital for about two weeks. You'll come into hospital a day or two before surgery so that we can examine you and check that you are fit for an anaesthetic. The operation itself involves quite a long cut on the outside of your thigh and then the worn part of your hip will be cut away and replaced with a metal and plastic joint. This should make you more comfortable, and your hip less stiff. But of course, as with any operation, there's a small risk of complications.

P: What are those complications, Doctor?

D: The main complications are the serious ones which can occur during any anaesthetic. There is also a small risk of infection of the new joint, or the new joint coming loose. If either of these occur, then you may need a series of operations to put the problem right.

7/7

D: What problems do you have with your joints?

P: I get a lot of pain and stiffness.

D: Has this been getting worse recently?

P: Yes, over the past four months I have noticed a general deterioration in symptoms.

D: Which joints are mainly affected?

P: It usually involves my hands, knees and shoulders, but some days I feel generally sore all over.

D: Is there any time of day when your symptoms are worse?

P: Yes, I feel very stiff in the mornings when I get up.

D: How long does this last (for)?

P: At least an hour, sometimes longer.

D: Have you noticed anything that makes the symptoms worse?

P: Yes, if I've had a busy day or I'm doing heavy housework my arthritis is much worse.

D: Do you get a lot of pain at night, and if so, does it disturb your sleep?

P: Recently I've found that I wake up whenever I turn over because this makes my shoulder pain worse.

D: What tablets are you taking at present?

P: I'm taking ibuprofen.

D: Have you had any problems with them?

P: I sometimes get indigestion and heartburn.

D: Have you had any other treatments in the past?

P: I tried Gold injections before but it was stopped after I developed itching and a rash.

D: How does your arthritis affect your life?

P: I find it difficult sometimes to dress and washing can be a problem. It is sometimes difficult to comb my hair and I find housework difficult at times.

7/7/5

- a/ A I always drink rose hip tea.
- b/ A I've torn my Achilles' tendon.
- c/ A It's always worse in the morning.
- d/ A It's always worse when I've done a lot.
- e/ A Yes, I'm taking antitussives.
- f/ A It made me house-bound.

- B I have very little movement in my hip.
- B The pain is only in my right hip.
- B I have to use two sticks to get about.
- B Gentle exercise is not a problem.
- B Yes, I'm taking muscle relaxants.
- B It made me drowsy.

7/8

A

P: Doctor, you recommended that I saw a physiotherapist for my tennis elbow when I last visited you. She mentioned a treatment called iontophoresis. What does this involve?

D: Well, Mr Foster, that involves putting some cream on the skin over the elbow and then using a special electrical device to encourage it to penetrate the skin.

B

D: Well, Mr Foster, this involves putting electrodes on the skin over the muscle and stimulating the electrodes to make the muscle twitch. This has the advantage of strengthening the muscles, and it's more comfortable than when you try to contract the muscle yourself. And furthermore, the stimulation can give a stronger contraction than you are able to manage at the moment.

C

P: Doctor, the physiotherapist recommended ultrasound treatment for my ankle. Do you think this is a good idea?

D: Yes, very much. The ultrasound is a very special kind of pulse wave which encourages the healing of the tissues of your ankle. This is very effective.

D

P: Doctor, the physiotherapist recommended exercise for my shoulder. Do you think this is a good idea?

D: Yes. The physiotherapist will move the joint herself through as big a range of movement as possible without causing you too much discomfort. She will also encourage you to move the joint yourself.

7/9

D: Come in, Mr Scott, and have a seat. My name's Dr Jones. How can I help you?

P: Doctor, my feet are terribly sore and my legs ache. It's particularly bad at the end of a long day and I tire very easily. I can't stay on my feet for long at all.

D: How long have you had this problem, Mr Scott?

P: I've had it for several months but it's been getting a lot worse recently. . . .

D: Stand up for me, please. Stand up straight. That's good. Now stand on your tiptoes, now on your heels, walk on the outer edges of your feet. . . . Mr Scott, you have flat feet. I think the best treatment is an insole to reinforce the arch of your foot. I noticed also that you have a number of other minor foot problems: you have corns on your second and third toes and you are beginning to

develop a bunion near your big toe. I think the best treatment for this is to wear some broad, comfortable shoes.

7/10

F: Doctor, I'm very worried. My son's legs are bent.

D: Yes, I can see that. How long ago did the problem start?

F: It began when he was about two years old and it has been getting worse since.

D: How old is your son now?

F: He is four.

D: Does he have any other problems?

F: Yes, his chest is a rather odd shape.

D: Has your son ever had any abdominal or kidney problems? Has he been taking an unusual diet?

F: He does eat poorly and as an infant he was investigated for failure to thrive.

F: Mr Mohammed, your son has rickets. This is a softening of the bone caused by a lack of vitamin D. The treatment is to add some vitamin D supplements to your son's diet and also to get some fresh air and sunlight.

Unit 8 SURGERY

8/1/A

P: Doctor, I've got a swelling in my neck.

D: How long have you had the swelling?

P: Roughly three months.

D: Is it getting larger?

P: It's slowly getting bigger.

D: Is it giving you trouble with breathing?

P: Very occasionally. /Very rarely./

D: Have you noticed any change in your voice?

P: No, but sometimes I find that food sticks.

D: Have you noticed any change in your weight?

P: I've lost several pounds over the last couple of months since this swelling began.

D: Do you like hot weather or cold weather?

P: Well, I prefer cold weather, I feel more comfortable then. /It makes me more comfortable./

D: Do you feel hot and sweaty?

P: Yes. I even feel sweaty when it's cold.

D: Do you get palpitations?

P: Yes, I often feel my heart pounding.

D: May I examine you? . . . Well, it appears to me that your thyroid gland is a bit enlarged. We must administer some blood tests to check on the function of the thyroid gland itself. This will help us to find out if it is overactive or underactive. We'll also perform some scans. One of these will involve the use of some radioiodine. This would mean you'll get a little drink of a very low level of radioactive iodine. We'll then scan the thyroid gland to see whether it's taking up a lot of the isotope or not enough of the isotope. This gives us an indication of how well the thyroid is functioning. Since you have swelling of the gland we'll do an ultrasound scan as well; this is like using echo sounds and it'll give us some idea of whether the swelling you have in your gland is solid or cystic.

8/1/B

D:

- A middle-aged lady, about forty years old, has noticed an enlargement in the front of her neck. She has also noticed that at the same time she was losing weight, she was having night sweats, tremors of the hands, and from time to time noticeable palpitations which could be described as feeling her heartbeat. The duration of her symptoms is about three years and she consulted her doctor about this some six weeks ago. The doctor

observed the loss of weight, rapid pulse, the smooth skin and thyroid swelling, and has referred her for consultation.

b) Following some routine blood tests, notably, for haemoglobin levels, white cell counts and for thyroid hormone levels she will almost certainly be advised to have an operation. Drug therapy is advised in toxic nodular goitre. She is also advised that she will need to be admitted to hospital fairly soon, in other words, within a matter of three or four weeks, if possible, for the operation to be performed. She is told that the operation removes the enlarged portion of the gland, but will leave her with a sufficient amount of thyroid tissue for normal metabolism.

c) The general physical examination of this lady, which concludes the consultation, reveals that her weight is 59 kg, she has in the past been as heavy as 65 kg, so there has been a significant weight loss. Her blood pressure is somewhat raised /elevated/ in view of her age, just over 40. Her resting blood pressure is 140/90 and she has a constantly rapid pulse in the range of 88 to 96, whereas one would hope for it to be in the range of 72–80.

d) The rest of her history is non-contributory. She is a married woman with two small children aged 8 and 10. She has had no serious previous illnesses and she has not noticed any other symptoms apart from a slight increase in appetite which rather surprised her in spite of her weight loss. There is no family history of thyroid enlargement. She has accepted the advice and will come in for an operation when sent for in about a month's time.

e) She is given an operation for subtotal thyroidectomy in which the exploration of the neck is carried out under general anaesthesia. The usual preoperative antithyroid drug is employed to bring the patient into the euthyroid state before operation.

f) The incision of the skin is made transversally in the crease lines of the neck which results in a virtually invisible scar after a period of two to three years.

8/2

P: Doctor, I've been having trouble eating. When I swallow food it seems to get caught in my chest.

D: Do you find it difficult to swallow solid food or do you have to take liquids or can you not even manage liquids?

P: I find that things like meat or potato stick, and I have to take a drink to wash it down.

D: How long have you had this problem?

P: For about three months, but I'm finding it increasingly difficult to swallow food.

D: Has there been any associated pain or vomiting with this?

P: When I eat solid foods, I find it sticks but after I've brought it up the pain goes away.

D: In the past have you had any problems with burning in the chest, especially when lying down or after a large meal?

P: I've had heartburn after I've eaten a lot or at night, or after some kinds of food, for about ten years.

D: Have you lost weight or had loss of appetite?

P: Yes, I've lost about 4 kg over the last three months.

D: When you eat do you feel as if you are choking, or do you cough a lot afterwards or do you feel tight around your chest?

P: No, I don't get anything like that.

D: Can you please get into a gown and I'll examine you. . . . With these symptoms I think we need to find out whether there is a blockage in the food-pipe or the (o)esophagus. We can do this in a number of ways. One way is to put a tube down your throat which can look into the oesophagus and down into the stomach. Another way is to give you a barium meal. You have to drink a thick liquid called barium which will outline if there is any blockage. The blockage may be due to a number of factors. It could be due to a growth or from a tightening of the oesophagus due to acid going up into it. This is called reflux. After these two tests we can decide upon a treatment plan.

8/3

D: What brings you in to see me today?

P: I've developed this very severe pain which came on very quickly last night after I had fish and chips for my supper. I called my doctor out and he gave me an injection, and the pain got better but I still do have a dull ache under my ribs.

D: Have you had the pain before when you've eaten fatty food?

P: Yes, but never as badly as this.

D: Does the pain move anywhere or do you feel it anywhere else?

P: I feel it on the top of my right shoulder, and it's gone through to my back.

D: Have you been sick, or have you felt sick?

P: Yes, I vomited several times during the night, although that doesn't make the pain much better.

D: Has anyone in your family had gallstones?

P: Yes, my sister has a lot of trouble with her gallbladder.

D: I think I'll need to examine you now. Could you please put on a gown and I'll be back. . . . I think you might have problems with your gallbladder. We are going to do some blood tests to determine if the liver function has changed in any way, and we are going to do an ultrasound scan. It involves a machine placed over the right side of the stomach and sound waves are produced which will show if you have stones or not. Depending upon what these tests show we may recommend removing the gallbladder. If the tests do not show stones, we need to look for other reasons for the pain.

8/4

D: What brings you in to see me today?

P: I've been having pain around the right side of my stomach.

D: Have you felt sick or been sick?

P: No.

D: Can you describe the pain? Where it began and where it is now?

P: The pain started yesterday around my belly button and then moved down to the right side. It's a dull achy kind of pain.

D: Do you feel hungry? Have you eaten today?

P: I don't feel hungry now although I had breakfast earlier this morning.

D: Have you had any hot shivery turns or chills? Any problems with urination? Any back pain? Any change in your bowel movements?

P: No, I've had none of those.

D: Have you had any colds or trouble with your chest over the past week?

P: No, I haven't.

D: Have you had any diarrhoea over the past few days?

P: No.

D: Can you please get into a gown and I will return and examine you. . . . Does it hurt when I press here?

P: Ouch!

D: Does it hurt when I let it out?

P: Ouch!

D: I think that there is a good possibility that you have appendicitis although one cannot be sure. We'll get some blood tests looking at your white blood count, however, based on your symptoms I think it would be wise to admit you to hospital, and start you on an IV /put you on a drip/, and if you don't improve, then I think we should remove the appendix.

8/4/4

- a) 1 I've got a right back pain.
2 I've got a pain on the right side of my lower abdomen.
3 I've got a general abdominal pain.
- b) 1 I'm always seasick on a boat trip.
2 I've been on sick leave for two days.

- 3 I haven't felt nauseous or vomited.
- c) 1 It's a stinging, burning sensation.
- 2 It's a cramping, stabbing pain.
- 3 It's a back pain.
- d) 1 It moved up to my shoulder and then I had a headache.
- 2 It travelled down to my back and then to the left.
- 3 It started in the middle of my stomach and moved down to the right.

8/5

P: Doctor, I found this lump in my breast when I was having a bath (-Br) three days ago.

D: Have you noticed any previous lumps in your breast or have you had any previous problems in your breast?

P: Yes, I felt a small lump when I was in the bath several months ago and that lump comes and goes with my period.

D: Does that old lump hurt at all?

P: No, not really.

D: OK this new lump. Has it been painful?

P: Just a little tender.

D: Have you noticed any change in size?

P: Well, the lump gets larger and smaller every month with my periods.

D: Have you noticed any discharge or any bleeding from the nipple?

P: Yes, when I squeeze my breast, a small drop of yellowish bloody liquid comes out of the nipple. But it didn't hurt and seemed so unimportant. I really didn't want to take up your time when I know you're so busy.

D: No, no. That's what we're here for. It's important to look at all these lumps and bumps wherever they are. Would you please take off your clothes down to the waist so that I can examine you. . . . I'm going to examine under your armpit because sometimes there are glands there which may be enlarged when you have a lump in the breast . . . and also I'm going to examine your neck because sometimes there are glands which become enlarged when you have a lump in the breast. . . . The first thing we'll do is send you for a mammogram to see if the lump is solid or cystic or if there are calcium deposits and then we'll do a breast biopsy. I'll insert a needle into the lump to obtain a tissue sample so that we can send it to the pathologist for examination to determine the nature of the cells.

8/6

D:

A I'm very pleased to say that you have a straightforward and simple fracture. As soon as the plaster is removed and the muscles have recovered, you'll find absolutely no difference from your previous state and will be able to function normally.

B Well, I'd like you to know that the fracture you have is close to a blood vessel and a nerve. And because of this we may have to operate when we reduce the fracture because the artery may be damaged. We may have to replace a section of the artery and the nerve may have to be freed at the time of reduction.

C I'm sorry, after your operation we found that we were unable to repair the fracture completely. Consequently, you'll find that you'll have a stiff knee. However, with time you'll adapt to this condition and shouldn't have too much disability in the long run.

8/7

P: The day before yesterday while lifting a wine barrel, I felt a crack /sharp pain/ in my left groin. Then a little lump came out which has grown. It hurts sometimes, especially when I lift something or cough.

D: Is your bowel movement regular?

P: Yes.

D: Can you push the lump back?

P: Yes, if I lie on my back it goes back by itself.

D: Right. Get up on the couch and I'll have a look at it. . . . It will have to be operated on soon otherwise if you can't push it back it becomes hard and painful.

8/8

P: About half an hour ago I felt a sharp pain in my left calf. I could hardly stay on my feet, it was so painful.

D: Can you move your toes?

P: Yes, but they hurt terribly when I move them.

D: Do you know if you have any heart problems?

P: Yes. I was treated for arrhythmia. I was given anticoagulant tablets to thin my blood. I stopped taking them six months ago.

D: It's possible that a tiny blood clot has blocked one of the leg arteries. If that's the case you'll need an urgent operation, I'm afraid.

8/9/A

Have you had an operation before?

Have you been given a general anaesthetic?

Have you ever had an injection into your spine /a spinal anaesthetic/?

Did you have any problems or complications during or after anaesthesia?

Are you allergic to any drugs?

Have you had any problems with your heart or lungs before?

Do you get heartburn? Do you have too much gastric acid?

Have you had any problems with your spine or any neurological disease?

How do you bear stress?

Do you experience shortness of breath?

Do your legs swell?

Are any of your teeth loose?

Do you have any caps or crowns?

Do you have any removable dentures?

Can you breathe easily through your nose?

Do you have a cold or a cough?

Do you have any disease that we should know about?

Are you diabetic?

Do you know if you have any kind of heart condition?

Do you have high blood pressure? How high is it?

Do you experience an irregular heartbeat?

Do you drink alcohol regularly? How much?

Have you had any problem with your liver?

Do you take contraceptive pills regularly?

8/9/B

a) General anaesthesia

We're going to give you an injection. You'll feel yourself going to sleep. I'll give you some oxygen to breathe through a mask. We are giving you the anaesthetic now. Breathe evenly through your nose. You may feel a little dizzy. Don't be worried. Have a nice sleep.

b) Local anaesthesia

I'm going to wash your back with some antiseptic. It may be a bit cold. You'll feel a sharp sting. I'm going to give you an injection. Relax. Don't move. Curl up into a ball. Tell me if your back goes numb or you feel a sharp shock in your leg. Try to move your leg if you can. I'm going to jab your leg. Tell me what you feel.

c) Waking the patient up

Mr Brown, please cough. Take deep breaths. Swallow and spit out what you have in your mouth. The operation is over. Wake up. Do you feel sick or any pain?

Unit 9 DERMATOLOGY**9/1**

1 paronychia 2 alopecia 3 tinea barbae

9/1/A**D: How long have you had problems with your nail?**

P: It's been swollen and sore for six months, and occasionally pus oozes out from it.

D: Have you had any treatment for it?

P: Yes, the doctor has given me some cream, but it hasn't helped.

D: I think what you have is paronychia, and I'll recommend a treatment to your doctor when I write to him. This is an infection of the nail fold which tends to go on for quite a long time before it clears up. It requires treatment for at least three months, and you need to keep using the treatment that I recommend during that time without a break. It's due to a fungus in the nail fold. If it flares up at any time and gets worse, you should go to see your doctor because you may need some antibiotics.**9/1/B****D: I believe you have problems with your beard area.**

P: Yes, I've had problems with painful spots which come to a head, and burst. It flares up from time to time.

D: What treatment have you had for it?

P: My doctor has given me a short course of antibiotics which has not been effective.

D: You have a condition called tinea barbae. I'll suggest a treatment to your doctor which should be effective in clearing it up. It's due to an infection which is spread by shaving. It would be better if you did not shave with water. . . . I've taken a swab to determine what bacteria are causing the infection. The treatment will depend on the result from this swab which should be back in about one week's time.**9/1/C****D: How can I help you?**

P: I've been losing my hair.

D: Are you losing it in small patches or all over?

P: There's one small patch which is falling out on the top of my scalp.

D: How long has this been going on?

P: It's been going on for the last two months, and the patch is gradually getting bigger. I wonder if there's something you can do about it.

D: Have you ever had asthma, hay fever or eczema or has anybody in your family had these conditions?

P: Yes, I had eczema when I was younger.

D: Has anybody in your family ever had diabetes, arthritis or any thyroid problems? .

P: No, I'm sure they haven't.

D: Have you had any treatment for the hair loss so far?

P: No, the doctor just sent me up here for your opinion.

D: The problem is called alopecia areata. That's rather difficult to treat, but when there's a small area affected, such as you have, we can treat it by injections. You need to have repeated injections every six weeks, and in your case it should be effective.**9/2/A****D: I believe that you have problems with your scalp.**

P: Yes, I've had scaling of the scalp which started about two months ago and has gradually been getting worse. It has also been itchy.

D: Have you had any treatment for it?

P: Yes, my doctor has given me T-Gel shampoo, but it has not been effective.

D: You appear to have psoriasis involving the scalp. I would suggest you use a Diprosalic scalp application which should be rubbed in at night and left overnight, washed out in the morning with a tar-based shampoo. You should use it every night until it has settled, and then gradually reduce the frequency with which it is applied.

9/2/B

D: The letter from your doctor says you have psoriasis. When did this first start?

P: I've had it for ten years but I've never actually had to be sent to hospital.

D: When did it flare up?

P: It started flaring up about two months ago just about the time I was sitting for my exams.

D: Which parts are affected now?

P: I've got it all over my body. My arms and legs and my scalp are scaling.

D: Can you please just go behind the screen and undress and lie on the couch under the sheet. Does anybody else in the family have psoriasis?

P: Yes, my grandmother had it.

D: Unfortunately, it's now very widespread and it will be difficult for you to treat yourself at home. The best way to get it cleared will be to come into hospital where we'll treat you with regular dressings with tar-paste and ultraviolet light treatment. You'll probably be in hospital about four weeks.

9/2/C

D: Chronic plaque psoriasis is an inherited condition which normally occurs over the extensor aspects of the elbows and knees but can involve any part of the body. Other sites that are affected are the nails, scalp, umbilicus, and occasionally there is a flexural, or what is sometimes called inverse psoriasis. The plaques are well demarcated with silvery scale which leaves pin-point bleeding when the scale is removed. There is a hierarchy of treatment, starting with topical treatments consisting either of dithranol, tar or dovenix. Topical steroids are occasionally used for hands and feet for flexural psoriasis or for the scalp or the face. Ultraviolet treatment including UVB and PUVA are also useful. If these are ineffective, then severe psoriasis must be treated with second-line therapy. The main drugs used for second-line therapy include methotrexate, retinoids and cyclosporin-A. All these drugs have serious side-effects and so they are only used when other forms of treatment have failed.

9/3

D: What has your problem been?

P: I've had cold sores on my upper lip which have come on from time to time.

D: When was the first time you got them?

P: I've had them for years now but lately they've been coming up more frequently.

D: Do they look like water blisters when they come up?

P: Yes, they start as water blisters but then break down to form scabs.

D: When do the cold sores break out?

P: They tend to come on when I have a cough or cold.

D: I think they would be best treated with a cream called Zovirax, which you should apply when you first feel tingling in your lip which suggests that the blisters are just starting. It's due to a virus which is present in the nerves and can come to the surface whenever you are under any form of stress, such as another illness.

9/4

D: How long have you had problems with the spots and pimples?

P: I've had acne on my face for the last four years. I'm now 17 and they started when I was 13.

D: Have you had any treatment for it?

P: The doctor gave me tetracycline for two weeks, but it just got worse when the tablets were stopped.

D: Have you used any creams or ointments to rub in the skin?

P: Yes, I got one from the chemist but it hasn't really been helping.

D: Unfortunately, when you use antibiotics for acne, they have to be continued for much longer. I would suggest in the first instance you take tetracycline two tablets twice a day for at least three months. These must not be taken with food, so I suggest you take two in the morning, half an hour before breakfast, and two in the evening, half an hour before your evening meal. You should take them with water rather than any milky substances. Please come back and see me in three months.

9/5

D: How long have you had problems with warts?

P: They started one year ago but have gradually been spreading over my hands.

D: Do you have them on any other parts of your body?

P: No, they're just on my hands.

D: What is your job?

P: Unfortunately, I work serving school meals and I can't carry on with my job while I have warts.

D: I see. We'll treat them with a cold spray which is liquid nitrogen. They may have to be treated every three weeks. It will be more effective if you treat them in between times with a wart paint. You must soak your hands for four or five minutes in the evening and then rub the wart down with a pumice stone or emery board until it is flat. You can then apply a wart paint and leave it on overnight and remove it in the morning. They may take some time to clear, but so long as you apply the treatment regularly it should be effective.

9/6

D: What seems to be the problem?

P: I have some moles on my back and the doctor thought I ought to come along to get them checked out.

D: Have any of them changed recently? Have they become darker in colour? Have they changed shape or grown in size?

P: My wife says they are growing and have become darker in colour.

D: Have you had any itching or bleeding from them?

P: No, there's been no itching and they have never bled.

D: Have you had much sun exposure in the past?

P: I go on holiday abroad every summer, but I usually tan easily and I've never burnt my skin.

D: There's one mole on your back which I think needs to be removed. This'll require some local anaesthetic. We'll cut it out, put in some stitches which you'll get out at your own doctor's. I would advise you not to expose yourself to the sun. The best way of protecting yourself is to wear light clothing and to stay out of the sun between 11 in the morning and 3 in the afternoon. If necessary, wear a high-factor sun block.

9/7

D: How long have you had problems with eczema?

P: It started when I was a baby.

D: Is this the worst it's ever been?

P: Yes, it flared up about two months ago and none of the treatments I've had from the doctor has been effective.

D: What treatments have you had?

P: I've been using Betnovate on my body and hydrocortisone on my face.

D: Do you know of anything which might have caused it to flare up recently?

P: I've just changed jobs, and I'm working in a factory where I come into contact with oil. It started on my hands and this may be what's causing it to start up again.

D: I think the best way of treating you will be to do daily dressings which will allow the skin to settle much more quickly. After it has settled, we'll arrange for patch tests to be carried out to determine whether you are reacting to any of the substances you're coming into contact with at work. This will require three visits to (the) hospital. The patches will be put on your back at the first visit and removed on your second visit. They'll be read at that time, and you'll have to come back two days

later in case there are any late reactions. If you're positive to any of the patches we'll be able to give you advice about avoiding contact with these substances.

9/8/A

D: What's the problem?

P: I've had an itchy rash on my body and arms and legs for the last two months.

D: Can you describe the rash?

P: It's pink with flat, oval spots.

D: Where did it start?

P: It started on my chest and has spread to my back, my abdomen and my arms.

D: Have you had any problems with this before?

P: Yes, two years ago I had a similar problem which was treated with Selsun shampoo.

D: You have what is called pityriasis versicolor which is due to a fungus on the skin. I'll give you some cream to treat this. Unfortunately, people who get this condition tend to have problems with it again after it has been treated.

9/8/B

D: What's the problem?

P: I've had an itchy rash between my toes for years but, unfortunately, it has got quite a lot worse recently.

D: Will you please take your shoes and socks off so that I can have a look at your feet and if you could spread your toes I'll be able to see it. . . . You have what is called tinea pedis or athlete's foot which is due to a fungus. I'll give you a cream which should be put on four times a day. Unfortunately it will tend to recur but it helps to wear light footwear as opposed to trainers which tend to make the feet sweat and tend to make the fungal infection worse.

9/8/C

D: How long have you had problems with your nails?

P: It started about a year ago.

D: Which nails are affected?

P: I've got two nails on my left foot and one on the right foot which have become abnormal.

D: Will you take your shoes and socks off so that I can see them? Aha. You see, your nails have become white, opaque, thickened and brittle. It looks like a fungal infection of the nail called tinea unguium. To try to identify the fungus which is causing it, I'll take a clipping from the nail, which we'll send off to be looked at under a microscope and then we'll try to grow a fungus. It will take about four weeks for the results to come back so you must come back and see me in about five weeks' time. If the result is positive, we'll be able to treat it with a three-month course of tablets.

9/9

D: How long have you had problems with this ulcer?

P: It started with an infection about three months ago and has never healed.

D: Have you ever had problems with varicose veins or thrombosis or a pulmonary embolism?

P: Yes, about fifteen years ago I had a thrombosis in my leg and was admitted to hospital with chest pain and coughing up blood. I was told it was because of the thrombosis in my leg.

D: Because you've had thrombosis in the past, you're more likely to develop these ulcers. They will heal up themselves but, unfortunately, it'll take some time and requires regular dressings. As your leg is swollen, it will be necessary for your leg to be kept elevated when you're sitting at rest. I'll also give you an elastic stocking to help reduce the swelling which will allow the ulcer to heal up more quickly. I'll arrange for the dressings to be done regularly by the district nurse.

9/10

D: What's the problem?

P: For the last three months I've had problems with an itchy rash.

D: Whereabouts does it occur?

P: I get it all over my body, including my arms, legs, and hands, and, occasionally, it affects my face and my upper lip is swollen.

D: Have you had any swelling of the tongue or inside the mouth?

P: No.

D: Have you ever had any problems breathing?

P: No.

D: Are you quite well otherwise?

P: Yes.

D: Have you been taking any tablets or had any vaccinations recently?

P: No. I've not taken any tablets for about three years, and I haven't been vaccinated for about two years.

D: Are there any foods that you've noticed that can cause it, or does it come on during exercise?

P: No, I haven't been able to identify any cause.

D: How long does it last when it starts?

P: It can be there in the morning and it will be gone by the evening.

D: Does it ever last any longer than this?

P: No, it doesn't.

D: Do you ever take aspirin as a headache remedy?

P: No, I only take paracetamol sometimes.

D: I'd like to do some blood tests to determine whether there is any underlying cause for your rash, due to what we call urticaria which, unfortunately, may go on for some time before it gets better. We may not find the cause for it, but it can be treated quite successfully with regular antihistamines. I'll give you a note to take to your doctor, so that he can prescribe a daily dose of 10 mg of Zyrtec.

9/11

D: What's the problem?

P: I have a painful area on the side of my face and it's gradually become more and more swollen.

D: When did it start?

P: It started yesterday.

D: How are you feeling generally?

P: I feel very shivery and generally unwell.

D: I see that the whole right-hand side of your face is swollen and red and it's difficult for you to see out of your right eye, and you have a temperature. I think the problem is erysipelas. You'll have to be admitted to hospital, to be treated with intravenous antibiotics. It should settle quite quickly and you should get home in four or five days.

9/12

P: I've got an itchy rash which is driving me absolutely wild.

D: How long has it been there?

P: I've had it for three weeks and my wife and daughter've started to develop an itchy rash as well.

D: Have you had any treatment for it yet?

P: My doctor gave me Eurax, but it doesn't seem to be helping.

D: Which parts are mostly affected?

P: I've got it between my fingers and all over my body but the itch is from head to toe.

D: Can you please show me the parts that are affected? Just take your things off behind the screen. . . .

You certainly seem to have evidence of scabies. There are burrows, and I'll try to extract one of the mites from the burrow. I'll arrange for your doctor to prescribe you some Quellada. This will have to be used by all the family. You must be treated from the neck down and it must be applied to all the skin creases. You have to change all your clothing, and bedding and change all the towels and repeat the treatment one week later. It should settle, though.

9/13

A Mrs Smith, two weeks ago you had a black mole removed from your leg. We now have the result of the histology available and I am pleased to tell you that it was completely benign and should therefore cause you no further problem. There is no need for me to see you again at the clinic.

B Mr Black, I'm now able to give you the results of the tests on the lump that we removed from your nose. It turned out to be a rodent ulcer. If it had been left, it would certainly have continued to grow, but would not have spread to involve other parts of the body. It appears to have been completely removed but we will need to follow you up at the clinic.

C Mr Evans, we now have the result of the histology on the changing mole that we removed from your arm. Unfortunately, it is a type of mole that is now growing and is called a melanoma. This is a serious condition and there is a chance it would spread to involve other parts of the body. The best guide to the likelihood of it spreading is the thickness which in your case was 1.5 mm. This is very thin and there is therefore only a very small chance that it will spread. It will be necessary to perform another small operation just to ensure that it has been completely removed. After that we will continue to see you regularly for at least five years. Although it is a serious condition it is good that it was removed before it had grown any further. Do you have any questions that I can answer?

9/14

G: Hello John. How are you?

C: Hello David. I'm fine. How about you?

G: Fine thanks. I wanted to tell you about one of my patients I'd like you to see.

C: Right. Fire away!

G: She has a mole on her right calf. She is 38 and says it's been there for years.

C: Doesn't know how long?

G: No. But she's noticed that over the past few months it's developed a crusty edge to it.

C: Has it got any bigger?

G: No, apparently not. When I had a good look at it I realised that it is just a speckled mole, which doesn't look at all sinister. However, she is a bit worried about it and really wants it removed or at least a biopsy. Is there any chance of you doing anything?

C: Well, things are pretty busy at the moment but if you send her in I will have a look at it and try to reassure her. If she is the worrying kind I might be able to fit her in in a couple of months.

G: That would be fine. Thanks a lot.

C: Not at all. Keep in touch.

G: Of course, thanks again. Goodbye.

C: Bye.

Unit 10 GENITOURINARY INFECTIONS

10/1

P: I have a burning pain in my genital area, and it is uncomfortable for me to pass water.

D: How long have you had this?

P: Two or three days.

D: Have you noticed a vaginal discharge, Miss Jones?

P: No.

D: Do you mind if I examine you and take some swabs to see what infection you have. Could you please undress and sit up on the couch for me. I'm going to take a swab from the area which is painful. This may be a little uncomfortable. . . . I think that you may have a herpes infection, and you would benefit from getting some tablets to help this go away a little quicker. I think the best thing for you to take would be a tablet called acyclovir. Take one tablet that's 200 mg five times daily for 5 days. You'll find that you are still in some discomfort for the next 2 or 3 days but this will settle down, and there is nothing to worry about. I would also suggest that you take some painkillers such as paracetamol, 2 tablets every 3 hours for the pain and you may also find it helpful to take a salt water

bath twice a day until this clears up completely. We'll see you again at the clinic next week and by that time all your symptoms will have improved. Before you leave the clinic, I would be grateful if you would give me a specimen of urine as sometimes with a herpes infection you can have difficulty in passing urine. If in the next week you have any problems, you can, of course, contact the clinic and we'll see you sooner than arranged.

10/2/A (female patient)

P: I've noticed a green, smelly discharge from my vagina. It's also painful when I pass water.

D: How long have you had the discharge?

P: Two weeks.

D: Have you noticed an itching down below?

P: No.

D: Do you have a regular sexual partner?

P: Yes, I have a partner who I have been with for six months.

D: When was the last time you had sexual intercourse?

P: The last time I had intercourse was a week ago.

D: Does your partner have any of these symptoms?

P: No, my partner has been quite well with no problems.

D: I'd like to examine you and to do this I'll need to ask you to undress and get up onto the couch. I'm going to take some routine swabs looking for infections such as gonorrhoea and Chlamydia.

I'm going first to take some swabs from where you pass water and then I'll insert a speculum and have a look at your cervix and the inside of your vagina. We'll take some swabs both from your cervix and your vagina to look for signs of infection. I'll then take a swab from the area around your back passage. I have had a look at one of your initial tests under the microscope and you've got an infection called Trichomonas vaginalis or TV which is the cause of your vaginal discharge. This is easily treated with a form of antibiotics called Flagyl metronidazole. You have to take one tablet 200 mg 3 times a day for one week. During that time it is important that you avoid alcohol and sexual contact as this infection is sexually transmitted. It will be important for us to see and treat your regular sexual partner. You need to return to the clinic in about one to two weeks' time so that we can check that this infection has cleared up, and also give you the results of your other tests.

While you are at the clinic you will be asked to speak to the departmental health advisor or contact tracer. He will give you some information about this infection, and I would recommend that you bring in your boyfriend for his check-up. Before you leave the clinic you will also be asked to provide a specimen of urine for testing and also take a routine blood test for syphilis. This is a routine blood test which is done and performed on everybody who attends the clinic.

10/2/B (male patient)

P: I leak from the penis. It's hurting me to pass urine.

D: How long has this been happening?

P: A fortnight.

D: Have you had a regular sexual partner?

P: No.

D: When did you last have sexual contact with a partner?

P: Last week.

D: Has your partner had any problems like this?

P: They haven't got symptoms.

D: I need to take some swabs from the end of your penis. These may be a little uncomfortable. I'm going to send them off to be tested for infections such as gonorrhoea and Chlamydia which can be passed to you through sexual contact with somebody with the infection. Some of the slides that I'll take from you today will be looked at in the clinic, and from these I'll decide whether you require treatment or not. From the slide that I've just looked at, you seem to have an infection which you probably acquired through having sexual contact. I therefore think it is necessary that we give you some

antibiotics. I'm going to prescribe some oxytetracycline 250 mg taken four times a day for seven days. I would advise you not to take any alcohol while you are on these antibiotics, and to avoid taking the antibiotics with milk products as this can affect their absorption. We'll see you again at the clinic in two weeks' time by which time your symptoms should have settled. When you return to the clinic, we should have the results of the cultures that I have done today which should be back by then and they will hopefully indicate what infection you have.

I'll also get you to speak to one of the contact tracers who will give you some information about sexually transmitted infections and how you can prevent them. Before you leave the clinic, could you please give me a specimen of urine so that I can test it for any signs of infection. I will also need to take a blood sample from you which will be tested for syphilis which is a routine blood test we do on everybody that attends the clinic. Thank you.

10/3 (female patient)

P: I've noticed these "lumps" down below. A friend said they might be warts.

D: **How long have you had the warts?**

P: I first noticed them six months ago.

D: **Are they itchy?**

P: Yes, especially at night.

D: **Have you noticed any vaginal discharge?**

P: No, Doctor, I haven't.

D: **I'd like to examine you, and I would be grateful if you could possibly undress and sit up on the couch for me. I'm going to do some routine tests to make sure that you don't have any other infections along with the warts. These will look for the infections such as gonorrhoea and Chlamydia and vaginal infections such as TV or Candida etc. Once I've seen the warts, I'll decide how they are best treated. I also think it is very important that your partner also attends to make sure that he doesn't also have genital warts. . . . Warts can be treated by freezing them with liquid nitrogen but I think the best way to treat your warts would be to put some podophyllum paint on them. You will be required to wash the paint off after six hours because if you leave it on for longer they may cause some discomfort. I'll ask you to go and speak to one of our health advisers, who'll give you some information on genital warts and how you have acquired them. You'll need to return to the clinic in two weeks' time for further treatment, and by that time the results of the tests that I have done will also be back. Would you like to ask me any questions before I ask you to see the health adviser?**

P: Doctor, I wonder how I got these warts.

D: **You have been exposed to the genital wart virus through sexual contact with somebody who has genital warts or has the virus in his skin and the genital area. Unfortunately, I cannot tell you how long you have had the virus in your skin or who you could have caught it from, as it does not have to be your present partner but could have been from a partner several years ago. Don't be disheartened. The warts will disappear with treatment, but unfortunately, I can't give you any guarantee that they will not return. Warts are a very common problem and I don't think there is anything to worry about. While you have the warts, I would suggest that you use a barrier method of contraception, such as using a condom during intercourse, and not having genital contact without this.**

10/4

D: I've just told you that you've got a chlamydial infection. Chlamydia is a common sexually transmitted disease. We also know that sexually transmitted diseases tend to go together. For these reasons I think you should consider either before you leave the clinic or at a future date having a blood test to check whether or not you have got antibodies to the HIV virus. This does not tell us whether you have got AIDS but it does tell us whether or not you are infected with the virus and as well as being a danger to your health, obviously, you are also sexually infectious to other people so you may think about having this blood test in order to protect future sexual partners. However, this test is not compulsory and it is only done with your co-operation after you have thought through the various arguments for and against having the test. If you

do have the test it is a simple blood test and the result will be available for you if you come back to the clinic in one week's time. This result is not given over the phone and you must attend in person. If you are unlucky enough to be HIV + we'll give you all the support and information which is necessary to come to terms with this infection.

10/5

D: I've just told you you have gonorrhoea which is an ST infection. Unfortunately, we also know that gay men are prone to other infections particularly viral hepatitis, hepatitis B and C and also HIV. I would advise you to have these tests. However, we'll only perform them with your agreement and after we've discussed the implications fully. If also you turn out to be negative for hepatitis B, then for your future protection we can offer you a course of hepatitis B vaccination which will protect you from future infection from this virus, particularly if you have booster injections every few years. Before you leave the clinic, you will also be interviewed by a health adviser who will instruct you in the techniques of safe sex, such as the use of condoms, so that you are less likely in the future to contract one of these infections.

Unit 11 OPHTHALMOLOGY

11/1

- 1 I feel my vision's deteriorated. I don't see clearly anymore.
- 2 I'm not seeing as well as I used to. Everything is blurred. Things aren't sharp any more.
- 3 I've noticed my eye gradually becoming a bit red and painful recently.
- 4 My vision has become blurred. Things seem cloudy and misty.
- 5 I have real difficulty driving because of the glare from headlights or even from the sun reflected on the road.
- 6 Sometimes I get black specks floating in front of my eyes.
- 7 My eyes are watery and my eyelids stick together in the morning.
- 8 I'm worried about my eyes. I sometimes see flashing lights.
- 9 I seem to have a problem with my eyesight. It's as if a grey curtain is being pulled across my face.
- 10 I'm having severe pain in one eye and when I look at a light there seems to be a strange rainbow halo round it.
- 11 Doctor, I see two of everything.
- 12 I keep getting a sharp pain in my eye.
- 13 My eye feels dry and gritty.
- 14 I've noticed that my eyeball is more prominent.

11/2

A

D: The reason your vision is blurred is because you are long-sighted – this is called hyperopia in medical terms. This is not a pathological condition but a variant of normal. You have been born with a shorter than average length eyeball and we can overcome this problem by prescribing glasses for distance – outside specs – and for reading.

P: Will my vision become worse with time?

D: In the absence of any other problems the glasses should correct the blurred vision completely and the vision should not deteriorate over time.

P: How do the glasses work?

D: Normally a person with long-sightedness can compensate for the small eye by increasing the refractive power of their own lens inside the eye which has the effect of focusing the light rays on the retina, the seeing layer of the eye and obtaining a sharp focus of the object they are looking at.

B

D: This means that you are short-sighted. You have a problem focusing on distant objects. You have to be closer to an object to see it well. This is because the average length of your eyeball is longer than normal.

This means the image is formed before your retina. To form the image on the retina you need to wear corrective glasses. There may be retinal complications with ageing.

C

D: In your condition you may see blurred objects because of a problem in your cornea. This means that the curve on your corneal surface is not the same everywhere. This can distort images that you see. That's why you need to wear glasses.

D

D: As you get older, usually after about forty, the ability of the lens to change its shape, which we call the power of accommodation decreases, and the person first of all has difficulty reading. Later the distance vision is also affected.

11/3

1

a)

D: I will cover your left eye now. Look at the chart on the wall. Just start reading the chart from the top down to the bottom. That's fine. Would you cover your right eye now and just read the letters with your left eye.

b)

D: **I'd just like you to take this pinhole in your right hand, cover over your left eye, hold the pinhole up to your right eye. Do you see the light through the pinhole?**

P: No.

D: **Just move the pinhole slightly over your head until you first see the light.**

P: Yes.

D: **Do you see a letter in the middle of the light?**

P: I can't make a letter out.

2

D: Put your chin on the rest here and your forehead up against the bar. Now that you are sitting comfortably, can you see my left ear? Always keep your eye fixed on my ear. Don't take your eye off my ear. Look straight ahead. Now look up. Now look down.

3

D: I just want to pop (-Br) (put) some drops into your eyes that will open up the pupils so we can see into the back of the eye more sharply. The drops will just smart for a second or two and it takes ten minutes for the drops to work so if you just take a seat outside, I'll call you back in ten minutes. The drops usually last about 4 or 5 hours or so, so don't be worried. Your vision will be blurred for a while, and you won't be able to read until the drops wear off. The pupil of the eye will be much bigger but it will be normal by the time you wake up tomorrow morning.

4

D: We just have to check the pressure in the eye. We have a small device that touches the front of the eye. Don't be worried. You won't feel anything because I'll put some anaesthetic drops in first. It's important not to squeeze the eyes or to blink.

5

D: I'm checking the right visual field. Cover over the left eye with your fingers. Sit facing me and look straight at my nose. I'm going to hold out my hand to the side and wiggle my fingers. Keep looking straight at my nose. Don't take your eyes off my nose. Tell me when you can see my wiggling fingers.

6

D: Can you see a number on the plate? If you can, tell me what number it is.

11/4

P: I've noticed a small lump on my eyelid which has become sore and red. I think it's a sty(e).

D: Aha. Let me have a look. . . . No, that isn't a stye. A stye is always on the edge of the eyelid and it's an infection at the root of an eyelash due to a chronically inflamed gland. This is further up the eyelid and it's what is called a chalazion. It's caused by oil secretions which have been trapped. We'll put on a patch to bring the chalazion to a head and then we'll put on some local anaesthetic to freeze it and then make a small cut in the inside of the eyelid and scrape the contents out. We'll also give you an eye patch to put on the affected eye. You'll have to use some ointment before you put the patch on.

11/5

D: You have a scratch in the front of your eye. What has happened is that the epithelium of the cornea, which is "the skin in front of the eye" has been injured so it just feels as though there is something in your eye. When the local anaesthetic wears off, there will still be a feeling that there is something in your eye. But don't worry there is nothing in there now, it is only the scratch you can feel. It'll take about 24 hours till the feeling disappears. I want you to wear this patch on your eye and I want you to keep it on for 24 hours. Then you can take the patch off. . . . I want you to put more ointment on and put the bandage back for another 24 hours. Once you have taken the patch off, then use the ointment. It is Chloromycin. Use it three times a day for about three days and if your eye doesn't go completely back to normal, come back and see us.

11/6

D: We are not sure what exactly causes iritis. It could be caused by one of several things, so we need to send you for a few tests to see if we can get to the root of the problem. There are two types of drops I want to give you. One of these is a steroid drop. Steroids just tend to suppress inflammation and make the eye less red and irritable. This doesn't cure the underlying problem. The other drop is the dilator drop. These are just going to make your eyes feel more comfortable and it will dilate the pupil and help to heal the eye. You must keep up with the drops since it will take several weeks to heal the condition. Don't be worried if you see that your pupil is big, particularly if your vision is blurred for reading; that's a known side-effect of the drops so don't be worried if you get that. Although we've cured your iritis, it still can recur and may even come back in the other eye.

11/7

P: I'm having problems with my eyes. My vision's been very poor lately. It's very blurred, and I've got to have a bright light to read anything these days.

D: With the vision that you've got, are you able to do everything, or is it holding you back? Is your vision interfering with your lifestyle?

P: I'm not sure, Doctor.

D: I see. Are you still having trouble with your diabetes?

P: Yes, but we're gradually getting it under control.

D: I see. Then let's do an examination on your eyes. . . . The problem is that you have a cataract. It's an opacity of the lens of the eye. It's often associated with diabetes or with getting older. You have nothing to lose in waiting for the operation. But I wouldn't put off the decision if I were you because the sooner you have the operation done, the sooner you'll be able to get back your normal sight. You do have an early degree of cataract. Cataract is very common. Almost everyone over the age of 50 or 60 has it and it's almost normal to have some degree of cataract then. It's just the amount of cataract. If the cataract interferes with your ability to enjoy life, then we would consider operating.

This is the procedure of cataract surgery.

We will need to do an artificial intraocular lens implantation. Before the operation, we'll measure your eye to decide on the lens that you need. This is the very latest technique and we have had some excellent results from it. What we will do is to give you a local anaesthetic and something to help you relax so you will be awake during the operation but you won't be able to see or feel anything. Then we make a small cut on the surface of your eye and remove the grey lens. If all goes well, we put in the lens implant. After the

operation you can carry on with life as usual except for strenuous activities. You'll have to use eye drops as well and come back to let us check on how the eye is healing. Six weeks after the operation, we will prescribe some glasses for you. I can't guarantee putting a lens implant in, but nine times out of ten we have no problems getting a lens implant in. And if we didn't put the lens implant in, there's still something else we can do. We can either put a contact lens on or we can give you a +10 dioptre lens to correct your vision or consider putting a lens implant in the eye at a later date.

11/8/A

D: Glaucoma is a dangerous condition because it doesn't give you any symptoms in time: there's no pain, no redness. But if the pressure in the eye is uncontrolled it will continue to damage the nerve at the back of the eye and reduce the width of your vision. That's why you must carry on with these drops. You must come back to the hospital on a regular basis just to have the pressure checked. Even if the pressure is high, you'll have no symptoms. One of the ways of monitoring the condition is to come to the out-patient regularly. Here we'll check the eye pressure, visual acuity, optic nerve head and do a perimetry examination. It's important to use the drops. With glaucoma there's no way we can get back the vision that's been lost. It's a matter of retaining what vision is left.

11/8/B

D: I can see that your eyes are sore and red and your vision is blurred. This is because you are having a glaucoma attack at the moment. The pressure inside your eye is very high. We really have to admit you to hospital to get the pressure down. Hopefully we'll be able to do this with drops and some tablets. You are almost certain to require a laser operation to get the pressure under control afterwards. It's not beyond the bounds of possibility that you'll need an operation rather than a laser treatment on the other eye as well just to prevent the same thing from happening again. It's because of an underlying tendency for the other eye to be at risk and because both eyes tend to be the same. That's the reason it needs some treatment.

11/9

D: I describe it like an old football, you see. The eyeball is like an old leather football. The leather is the back of the eye and the retina is the bladder of the football. Normally, the bladder is hard up against the football; the retina is held closely to the back of the eye together. There's normally fluid inside the bladder and what happens in a retinal detachment is that you have a small tear in the bladder and the fluid comes out from the middle of the football through the tear and then floats the bladder, the retina tears away from the back of the eye, the football. And what we have to do in the operation is to find the tear, seal it with a freezing technique to create a scar around it and then as the fluid is absorbed, the retina will become flat up against the eye again. There are two aspects of vision: central vision and the width of your vision. Central vision is the vision you use 99% of the time, but it only accounts for 1% of the eye. And when this area becomes detached or damaged, then even though it's replaced right away it sometimes doesn't work as well. So the chances are your reading and writing vision won't be as good as it has been, even if the operation is totally successful.

11/10

P: I'm having problems with my eyes. My vision seems to be getting blurred. This is causing problems with my reading. It's strange because I can see quite well at the sides but not when I look straight at something. There seems to be a blurred patch in the middle.

D: You've got some changes at the back of the eye due to ageing and we'll need to decide whether it is treatable or not. There's no chance of going blind with this. The ageing change of the macula affects central vision, that is your reading and writing vision, but you still have the peripheral vision. This is your navigating vision. You'll never ever lose this with macular degeneration, so you will never ever go blind. You'll be able to live a reasonably normal life.

11/11

D: The nerve at the back of the eye relays information back to the brain and that's why you see things. What's happened is you've had an inflammation of the nerve at the back of the eye. This normally gets better on its own so there is no really active treatment we can give you to improve it. The retina recovers and in the great majority of people the vision comes back to normal or almost completely to normal. There is a chance of the problem recurring and I'd be happy to see you any time if this should happen. Are there any other questions you want to ask me?

P: Not really, Doctor.

D: Do you have any dizziness or tingling or weakness or unsteadiness?

P: Why are you asking me these types of questions?

D: Because this type of inflammation can affect nerves all over the body not just in the eye.

P: Do you think I've got multiple sclerosis, Doctor?

D: Well, there is an association with multiple sclerosis so there is a possibility that this may happen again and may turn out to be multiple sclerosis. However, there are other causes and it may well be a simple post-viral type of thing. Other causes for this problem are nicotine and alcohol. But you're right we couldn't say for sure that this wouldn't happen again.

11/12

- 1 I've got something in my eye, Doctor.
- 2 I've been poked in the eye.
- 3 My son scratched my eye.
- 4 I splashed some acid in my eye.
- 5 I had something sprayed in my eye.
- 6 I've got a flash burn.
- 7 I was hammering some sheet metal, and I think a small piece of metal shot into my eye.
- 8 I was grinding an engine block and a sliver of metal flew into my eye.
- 9 I was frying some eggs and some hot fat spattered into my eyes.

11/13/A

P: I see two of everything, doctor.

D: Now I'd like you to look in a number of directions. Follow my finger with your eyes. Look up, look down, look left, look right. Do you see one blurred image or do you see two separate images?

P: Two.

D: Are you sure about that?

P: Yes, I still see two images when I look to the left.

D: Cover one eye. Do you still see two, or do you see one.

P: Just one.

D: Now cover the other. Do you see two images now?

P: Yes.

11/13/B

M: Doctor, I'm worried about Susan's eye. She's got a bad squint.

D: Right. Let me have a look at it. . . . Yes, she's got a definite squint in the left eye. There are two things here – the cosmetic appearance and the risk of amblyopia. The difficulty with a squint is that for the vision to develop normally both eyes must see a sharp image and they must both be pointing in the right direction. If one eye isn't seeing sharply, or if it is not pointing in the right direction then the brain tends to ignore the image from that eye. If that's the case then the correct connections never develop in the brain and that eye then becomes what we call a lazy eye. This is the reason why we have to keep the patch on the good eye. Little Susan will want to keep taking it off, but we must make sure she keeps it on to make the lazy eye work and build up those connections to the brain.

If your vision is as good as you're going to get, it's purely a matter of cosmetic appearance. How's Susan getting on at school? Does she get teased or bullied?

M: Yes, she's sometimes very unhappy when she comes home.

D: That's a pity. However, it's only a small angle of a squint and the risks of surgery really outweigh any potential benefits. Squint surgery is much more of an art than a science and we can't guarantee getting the eyes absolutely straight, although we always try our best. So if the angles are very small, I would advise you not to have the operation because we couldn't guarantee that we're going to make the appearance that much better.

11/14

D: You have a tumour of the orbit and we need to check on exactly what it is so we will perform a biopsy. I suspect it to be cancer. The only way of making sure of this is to actually send it to the histology department. There they will look at it under a microscope to determine the diagnosis. . . .

A There's a small tumour on the eyelid which is actually a basalioma, but that's not all bad news because we'll be able to remove that for you and there's a 95% chance that it won't grow back again. We will remove the whole tumour so don't worry.

B Although you've got a melanoma in your eye, it's still in an early stage so we'll treat it with laser therapy. It's not affecting the eye at the moment and hopefully we'll be able to treat it without affecting the eyesight. Laser therapy is very effective and it is highly unlikely that there will be any recurrence of the cancer.

C I'm sorry to have to tell you that you do have an eye tumour and we'll have to do something about it. I'm afraid that it's melanoma of the eye. It's in an advanced stage so it is very likely that we will have to remove the eye itself. I know that sounds very drastic but eye tumours behave differently from other tumours in the body so there's a high chance that once we take the eye out that will be the end of the tumour and the cancer will be removed totally. So although you'll have lost your eye you'll have a normal life span and it won't affect your general health.

After the operation you will receive information regarding blind registration.

D Although you are technically qualified for blind registration, this does not actually mean that you are totally blind, it's just a measurement of your poor vision and your vision is poor enough to actually qualify for blind registration.

Unit 12 NEUROLOGY

12/1 P:

A I have a bad headache.

I have a throbbing headache.

I feel dead tired.

I have poor balance.

My memory is going.

I have a terrible memory.

I have difficulty concentrating.

I have double vision.

I have difficulty focussing.

My vision seems blurred.

I have zig-zag lines in front of my eyes.

My eyes hurt in bright light.

I have difficulty speaking.

I cannot get the words out clearly.

I have difficulty swallowing.

Food seems to stick in my throat.

B My neck feels stiff.

My neck clicks.

My back's gone /in spasm/.

My hands are shaky.

I have no strength in my fingers.

I can't pick up a cup any more.

My co-ordination is poor, especially in my arms.

My arms feel weak.

I feel pins and needles in my hands.

My leg drags.

I tend to catch my foot when I walk.

My foot is numb.

My foot has dropped.

My leg feels stiff.

Both my legs feel stiff.

I cannot feel my feet.

My toes feel numb.

C I have difficulty passing water.

I find it difficult going to the toilet.

I find I go to the toilet very frequently.

I have sudden blackouts.

I lose consciousness without warning.

Someone said that I had a convulsion.

Someone said that I had a fit / seizure.

My arm twitches for no reason.

My hand jerks without warning.

I seem to go vacant for a short period of time.

My muscles feel stiff.

My muscles are sore.

My muscles are painful.

I'm losing weight.

My muscles are getting thin.

I'm aching all over.

My face has gone lopsided.

My face has twisted to one side.

My face seems to have got weak on one side.

My mouth is drooping.

D I was sitting watching TV when my arms suddenly became numb and heavy. My wife said that my face twisted to one side. It came very suddenly just out of the blue. I thought I was having a stroke. It seemed to get better by itself after about half an hour.

E I've got a problem with my back. I was lifting a heavy box and I felt something give in my back. It was a sudden sharp pain, like lightening going down the back of my leg. The pain went down all the way to my heel. It was like a flash just for a moment. Since then, I've had a lot of pain low down in the back.

12/3

D: Can you tell me your name and address? I'm going to ask you some simple questions to assess how good your concentration is. Can you tell me what day of the week it is today? What month are we in? What year is it? Approximately what time of the day is it at the moment? Can you tell me anything that is going on in the news at present? What's the name of the Prime Minister? I'm going to give you an imaginary name and address. I want you to remember the name and address, and after five minutes I'll ask you to repeat the name and address to me. Now I'd like to assess how clear your speech is. Say some words for me. Start by saying the days of the week starting with Monday. Now I'm going to ask you to say some more difficult things. Say after me "baby hippopotamus" ... "British Constitution". Now I'm going to examine your understanding of the words that I say to you. Lift your right hand in the air. Touch your right ear with the little finger of your left hand. Now I'd like to see how you walk. I want you to stand up and walk to the other side of the room, then turn around and come back to me.

12/4/A **D:**

- 1 Cover one nostril and smell this substance. Tell me what it smells like .
- 2 I'd like to check your vision. Read the chart in front of you, please, starting from about here.
- 3 I'm going to assess what you can see out of the corner of your eye. Look at the middle of my face and point at my finger when I wiggle it.
- 4 Now I'm going to shine a light in your eye to look at the reactions of the pupil. Keep looking straight ahead. Keep looking straight ahead, while I shine a light in the back of your eyes to examine the retina. Try and keep looking forward at the wall behind me. Try and ignore the light.
- 5 Now I'm going to assess the movements of your eyes. Hold your head still and follow my finger just by moving your eyes.

12/4/B **D:**

- 1 Now I'm going to assess the feeling on your face. I'm going to touch the skin on your face very lightly with some cotton wool. Say "yes" when I touch your face and keep your eyes closed.
- 2 Now I want to examine the strength in the muscles of your face. Screw your eyes up very tightly. Don't let me open them. Now purse your lips together very tightly. Stop me from opening them. Blow your cheeks out like this.
- 3 Now I'm going to test your hearing. Tell me if you can hear what I'm whispering into each ear in turn: 29, 45.
- 4 Now I want to examine the muscles of the back of your mouth. Open your mouth wide, and say "ah".
- 5 I'm going to test the feeling at the back of your mouth. Tell me if you feel a gentle touch of the wooden stick.
- 6 Now open your mouth wide again and stick your tongue out. Wiggle your tongue quickly from side to side.
- 7 Finally, shrug your shoulders against me and turn your head to one side and then turn it to the other side so that I can see the strength of the muscles in your neck.

12/5

D: Now we're moving on to examine your arms and legs neurologically.

Start by putting both arms out in the air in front of you and shut your eyes. Hold the arms still while I look at them. Now wiggle your fingers as though you were playing the piano.

Now let me assess the co-ordination in your arms. Open your eyes, make a pointer by stretching out your index finger. Now touch my finger and then touch your nose. Go between my finger and your nose with your finger very quickly. Now try this on the other side.

12/5/A

D: Now I'm going to assess the strength in the muscles of your arms.

- 1 Stick your arms out on both sides to show me the strength of your shoulder muscles.
- 2 Now pull the elbows down towards your sides.
- 3 Now testing each arm in turn, make a fist and pull the fist up towards your shoulder while I try to stop you.

- 4 Now straighten your arm out at the elbow while I try to (and) stop you. Do that again on the other side.
- 5 Now holding both arms in front of you, make two fists and cock the wrists backwards. Stop me from moving the wrists. Now cock the wrists downwards, while I try to stop you. Now do the same with the fingers.
- 6 Stretch all your fingers out straight and stop me from bending your fingers.
- 7 Now curl your fingers up tightly into my fingers and make a strong grip. Keep the fingers tightly curled up.
- 8 Now squeeze my fingers as tight as you can in both hands.
- 9 Now spread your fingers wide apart while I test the small muscles in the hand. Stop me from pushing the fingers together. ... OK Very good.

12/5/B

D: Now I'm going to examine the sensation on your skin. Keep your eyes closed throughout the examination.

- 1 I'm going to touch the skin of your arms in various different places just using a light touch with cotton wool. Say "yes" every time I touch the skin.
- 2 Now I'm going to test the same feeling, but using the prick of a pin instead of cotton wool. Say "yes" every time you feel the touch of the pin. Can you feel the pinprick? Does it feel the same on both sides?
- 3 Now I'm going to assess whether you can feel vibration. I'll start with your hand. Tell me if you can feel the vibration of the tuning fork.
- 4 Finally, I'm going to assess whether you can feel your finger being moved up and down. I'm going to hold your little finger and move it up and down slowly. Shut your eyes and when you feel the finger move up say "up" and when it's down say "down".

12/5/C D:

- 1 Now I'm going to test the reflexes in your arms. Relax your arms and I'll tap the reflexes of the biceps and triceps muscles, and also the supinator reflex.
- 2 I'm going to test the reflexes in your legs. Relax your legs while I tap the reflexes in the knees and at the ankles.
- 3 I'm going to scratch the bottom of your foot with a wooden stick.

12/6/A, B, C D:

- 1 I'd like to assess your walking. Let me see you walk around. Just slowly. Walk 20 or 30 feet away from me, then turn around and walk back towards me.
- 2 Relax your legs while I move them around slowly. Now let me see the strength in the muscles. Lift your left leg up in the air and hold it straight. Now let me look at the other side. Now put the leg down flat onto the examination table. Now the other side.
- 3 Bend the knee and keep it bent. Stop me from straightening it. Now kick the leg straight against me.
- 4 Flex your foot up towards your face and stop me from pulling it down. Now push the foot away from you to push me away.
- 5 Turn the foot so the sole of the foot is facing the other foot and keep it there.
- 6 Now turn the sole of the foot outwards and keep it there. Stop me from straightening the ankle.

12/6/D D:

- 1 I'm going to touch you with a small piece of cotton wool on the leg. Shut your eyes and say "yes" when you feel the touch of the cotton wool. I want to compare the two sides. Tell me if the touch feels the same on the left leg as it does on the right.
- 2 Now I'm going to test sensation using a pinprick. Tell me whether there's a clear difference between the touch of the pin and the cotton wool.
- 3 Can you feel the vibration of the tuning fork when I press it onto the bones in your ankle?
- 4 I'm going to wiggle your big toe up and down. Shut your eyes and say "up" when I move the toe up, "down" when I move the toe down.

12/7/A

D: Tell me about your headache.

P: I get a headache that comes and goes.

D: Tell me whereabouts the headache is.

P: It seems to be on the right side of my head.

D: How long does the headache last when you get it?

P: It varies. It can be between half an hour and 4 or 5 hours.

D: When you get the headache, does anything else happen at the same time?

P: Yes, I get flashing lights that seem to be in the right eye.

D: Anything else?

P: Yes, I feel sick. Sometimes I actually vomit.

D: What do you do when you get the headache?

P: Well, I'm not able to carry on with what I'm doing. I have to go to a dark room and lie down.

D: Have you found any medication that helps the headache?

P: Sometimes if I take an aspirin early in the course of the headache the aspirin seems to help, at other times nothing seems to help.

D: Does anybody else in your family have this sort of a headache?

P: Yes, my mother used to suffer from migraines, but that was when she was younger.

D: Tell me about the character of the pain. Does it seem to be sharp or dull? Is it just a constant ache or does it seem to be throbbing?

P: It throbs.

12/7/B

D: Tell me, how old are you?

P: I'm twenty nine.

D: How long have you been having these headaches?

P: I've had them for several months. They seem to have been there for most of the past year.

D: Can you describe the headaches?

P: They're like a band all around my head. Sometimes they're like a weight pressing down on the top of my head.

D: Does the pain come and go?

P: It never seems to go away completely. Sometimes it's worse than at other times, but it's there most of the time.

D: When you get a headache, does anything else happen?

P: Sometimes I feel slightly sick.

D: Do you ever actually vomit?

P: No, I just feel sick. I've never actually been sick.

D: Do the headaches upset your eyes?

P: Sometimes I feel that my vision is a little blurry, but never anything more than that.

D: What do you do about a headache when you get it?

P: Well, I've tried to take pills and tablets but nothing really seems to help.

D: Is there any particular time of day when you have a headache?

P: Yes, it seems to be most troublesome towards the end of the day, but often it's there throughout the whole day and builds up during the evening.

12/8

P: I injured my head two weeks ago. I was in a car which was hit from behind and I banged my head on the windscreen. I was knocked out for a few seconds, and I was taken to hospital in an ambulance. They examined me and said everything was all right. But since then I've had headaches which are there all the time. I have difficulty concentrating. I find that I can't remember people's names and the headaches stop me from sleeping at night.

D: I think we'll do some tests and take an X-ray to check out what's happened. ... The tests have shown that your headache was due to a burst blood vessel inside the head. The scans show that there is a weak area on the wall of one of the blood vessels in your head called an aneurysm, and this weak area in the wall has burst. So to stop this from happening again we need to do an operation. What we'll do is identify the blood vessel with the weak area, and then we'll place a very small metal clip around the aneurysm to stop it from bursting and bleeding again.

12/9/A

D: I'm going to arrange for you to have a special test of the electrical activity of the brain which is called an EEG or electroencephalogram. We'll ask you to lie down on a couch and then the technical staff will connect you up to about 20 small electrodes which we stick to the surface of the head using special glue. We'll then just ask you to relax and lie still while a special machine records the electrical activity of the brain. Sometimes during this test we'll ask you to breathe very fast to see if that changes the electrical pattern that we record. We'll also flash a bright light very quickly because this also can change the pattern of electrical activity that we see on the tracing that we get.

12/9/B

D: We're going to do some small electrical tests to look at the efficiency with which the nerves are working. The first stage of this test is to measure the speed of conduction of impulses in the nerves. To do this we'll connect you up to some electrodes and give you a very small electrical impulse. We can then measure the length of time it takes for the impulse to travel through the nerves, and the machine will record it on the screen. This feels like a tickle and is not unpleasant. As we increase the stimulus you may feel a small electrical shock that will make your thumb or your fingers jump. The second stage of the test is to measure the electrical activity in the muscles themselves. This is called an EMG. We need to put a small needle under the skin into the muscles, and then I'll ask you to move some of your muscles. This will then allow me to record the progress of the electrical activity in the muscles on the screen.

12/9/C

D: We want to examine the fluid which circulates around the brain and the spinal cord called cerebrospinal fluid /CSF/. To do this we're going to do a lumbar puncture. . . . I want you to lie on your left (hand) side on the couch. Then I'm going to clean the skin on the back with some antiseptic solution. You'll then feel me giving you some anaesthetic into the skin to make the surface of the skin go numb. Once the skin is numb, you'll feel a little bit of pressure and pushing and pulling while I put a very fine needle through the skin between the bones of the back to let me take off some of the spinal fluid. I'll measure the pressure in the fluid and then collect several samples of the fluid to send away for analysis in the lab. Once the needle is taken out I'll put a small plaster over the site where I did the lumbar puncture. Then I'll ask you to lie flat for about an hour after the lumbar puncture to reduce the risk of getting a headache.

12/9/D

D: We're going to do a scan of the brain called CT scan or CAT scan. This is an easy test. You just need to lie on a special stretcher which moves and runs into the head scanner. It's a little bit like putting your head in a large washing machine. You lie still and you will hear the machine making noises while it takes some special cross-sectional X-rays to give us a picture of your brain.

12/9/E

D: We're going to do a special scan of the brain called Magnetic Resonance Imaging scan or MRI-scan. You lie on a stretcher that slides into a long tunnel which is the scanner itself. You need to lie still for about 10 or 15 minutes while the machine builds up cross-sectional pictures of the brain. This test is quite noisy and you'll hear a lot of thumping and banging noises while the machine works. You may feel claustrophobic, so we'll give you a little rubber pump to hold. If you really need to come out, just press the pump.

Unit 13 DENTISTRY**13/1****D: Have you been having any problems?****P: I've got (a) toothache.****D: Can you describe the pain for me? Is it a sharp pain or is it a dull pain?****P: It's quite a dull pain, and my face is swollen.****D: Is the tooth sensitive to hot and cold?****P: Yes, it hurts when I drink anything hot.****D: Is the tooth tender when you bite on it?****P: Yes, it is.****D: Does it hurt just during the day or at night as well?****P: It hurts all the time. . . .****D: Your tooth is infected, and there might be an abscess under it. I will give you an antibiotic to reduce the infection. If the swelling doesn't go down, I'm afraid I will have to lance it or perhaps drain the root canal. I want you to return in a week, and I will put a gold post in the tooth before I crown it for you, assuming the root canal treatment is successful. We usually leave the tooth to settle for 3/6 months before crowning.****13/1/3****Can you describe the pain? Does it hurt just during the day or at night as well? Is it sensitive to hot and cold? Has your face been swollen? Is the tooth tender when you bite on it?****13/2/A****D: Good morning. Come in. Sit yourself down. Now I'm going to give you a small routine filling. First, I need to give you an injection. Before the injection I'm going to put on some cream to make your gum go dead so the injection is less painful. I could use a spray but this time I'll use cream. I'm going to put this cream on a small cotton wool roll and put it next to your tooth. Now, just leave it for a few minutes and then when it starts to take effect, because it's an upper tooth, I'm going to put the injection next to your tooth. If it were a lower tooth then I would put the injection in the back of the mouth and that would make the whole of your jaw go dead. Now I'll put the injection next to your tooth here, and that will take about two minutes before it takes effect on the tooth. In the meantime, what I'll do is I'll scale and polish your teeth, and that means I'm going to take off the plaque that grows around the salivary glands, and polish them up.****13/2/B****D: OK Now the injection has worked. I've scaled and polished your teeth and I'm going to start doing the drilling. I'm going to take out the old filling because it's leaking on one side. For this, will you excuse me if I wear my protective glasses because the drill works very very quickly and the debris can fly out of your mouth and hit me in the eye. I'm also going to put on my protective face mask. Now I'll take out the old filling. First of all, I have to put the salivary /sucker/ *ejector* in your mouth to remove the saliva. When I've done that, I'll be using a slower drill. This will vibrate quite a lot, but I need to do that to take out the decay which will be under the old filling. If the decay has gone quite deep into your tooth then I'll use something we call an excavator. It's a small spoon-like tool which will scrape out all the decay.****13/2/C****D: OK, I'll start that right now. OK, now then we've removed the old filling. I've taken out the decay under the filling and now I'm going to put in a lining. In this case it's calcium hydroxide. The fact is, this is an insulating layer which insulates the tooth from the filling so that the heat passing through the filling doesn't reach the nerve. I've put that in, now I'm going to put a strip of steel, the matrix retainer, around the tooth and then I'm going to put in the amalgam to fill in the tooth. Amalgam is the normal sort of filling which we use. OK, off we go. OK, now the filling is all in place. I'd like you to very, very gently bite on the filling, then I can see if there's any part that's a little bit high. OK, bite very gently please. Now move your jaw from side to side. Right, open, thank you. OK, the filling is a little bit high, so I'll shave it off a little bit.**

OK, bite together again, very gently ... OK ... side to side ... open ... OK ... yes, I think that's good. Fine. How does it feel? ... Now, I'd like you to come back in a week's time. There's another filling to do, and I'd also like to polish the amalgam surface so that it does not attract food – so the food doesn't stick to it. Thank you very much. See the receptionist on the way out. I'm sorry, there's one more thing. Can you try not to eat on the side where the filling is for the next two or three hours. By tomorrow morning it will definitely be set solid, so you can eat. Just for two or three hours will you eat on the other side or preferably avoid eating altogether. OK thanks a lot. See you next week. Bye-bye.

13/3

D: I think you need some bridgework. This is a replacement of a tooth by a fixed metal framework. It usually involves crowning your teeth on either side of the space with the false tooth being welded on to the metal substructure. The whole of the bridge is usually covered by a facing of porcelain. There are two kinds of bridgework you can have. First, fixed-fixed bridges. These have to be treated with great care. They must never be abused. They must never be used for biting anything too hard or too sticky. And you must make sure that you have cleaned them extremely well. Then there is the adhesive bridge. These are basically held in place by bonded wings. The wings of the bridge which fit round the adjacent teeth are etched and we use a bonding technique to bond the bridge. They are not as robust as the fixed-fixed bridge, but the great advantage of them is that they don't require too much tooth destruction and in the right conditions they can be extremely effective. . . . I'm going to take an impression. I'm going to fill this tray up with a pink paste, which I will pop (-Br) (put) into the tray and then I'll put the tray over your teeth for a minute or two. Breathe through your nose normally, relax your cheeks, lips and tongue.

13/4

D: OK Now you tell me that you have bleeding gums. When you brush your teeth, your gums bleed. Now, surprisingly, this is caused by not enough brushing rather than too much. What's happening is that there's a natural build-up of plaque and calculus on your teeth. Both of which are quite natural and normal but they have to be removed. That's why we brush our teeth. Now, what's happening is that you are not effectively removing the plaque and the calculus. The calculus, I will remove. I'm going to scale your teeth to get off the hard deposit the flossing and toothbrushing can't remove. You have to get rid of the plaque yourself by brushing. And now I'm going to give you a demonstration of how to do this. . . . OK You're lucky because the infection is not severe. Some people have a very severe infection which we call Vincent's angina and for that I have to give a drug which is called Flagyl, which is taken for a few days and it clears it up very quickly. Your condition is not as severe as that, and with good brushing, once I've removed the calculus, we can restore the gums to a healthy condition. If you had a slightly more severe infection, I'd have to prescribe Corsodyl which is a very effective mouthwash. The only problem is that it tends to discolour the rest of the teeth.

13/5

D: OK Do come in. So, you're not very happy with the appearance of your teeth. You seem to think they're sticking out a bit. OK This is what we do when we have a problem like this. First of all, we'll take some impressions of your teeth, that means make some plaster models of them. We'll also take some X-rays and a couple of photographs and then we can study these carefully and eventually decide if you need any treatment. But we have to go through these initial planning stages. If we decide, or I should say, if you decide that you'd like to go ahead with some orthodontic treatment, straightening your teeth, then there are two types of braces or appliances that we can use. One is a fixed appliance; that's an appliance which stays in all the time. Nowadays we actually stick this, almost glue it, to your teeth, and that locks onto your teeth. Then we put wires between the teeth which can move or rotate the teeth in the way that we want.

The other type of appliance that we use is called the removable appliance, and this is one that you can take in and out for cleaning. One very important point you have to remember with any appliance is you've got to keep your teeth clean. If it's a fixed appliance this is even more important, because you can't take it out to clean it, so you have to be very, very careful about brushing. Also the fixed appliance can rub against your cheeks or against your gums. In that case if that were to happen, I'll give you some soft red wax which you

can pack around the appliance, which sort of pads it and stops it from rubbing. OK Well, I think that's all you need to know for now. Let's go ahead and take the impressions. . . .

Now that you have had the brace fitted, you're going to have to be extra careful about cleaning your teeth. Your oral hygiene will have to be very good. Maybe your teeth will feel rather tender for a few days. This means that the brace is doing its job, and the teeth are beginning to move. The soreness will go away after a couple of days. I'm going to give you some of this red wax. If your gums or cheeks get sore just put some wax on the appliance where it is rubbing and it will act like a plaster to protect your mouth.

13/6

D: OK Well, that's the tooth out. Now what I'd like you to do is to bite on this cotton wool roll for about ten to twenty minutes until the bleeding stops. I want you to bite as hard as you can, and just wait in the waiting room, and I'll see you in twenty minutes. . . . OK Now let me check and see if the bleeding's stopped. Yes. That looks nice and dry. If the bleeding starts again, and it might, it's not unusual, I'd like you to take a clean handkerchief and bite hard on it until the bleeding stops. Don't worry, that's quite natural. Try to keep food away from the extraction area, eat on the other side and rinse your mouth out after eating. Now this was quite a big extraction, and we've had to put a stitch in as you know. I'm going to give you some mouth wash which will help to relieve the pain, and it will help to reduce the inflammation and help the healing. It's a bottom tooth, bottom teeth take much longer to heal up than a top tooth so be patient. If there're any problems at all, any pain, any whiteness around the extraction site, please come back and see us, and we can do something about it.

13/7

D: It always takes time and practice to get used to new dentures, and in the early days you may get a sore mouth. If you do have any ulcerations you're advised to return to the practice.

Clean your dentures using soap, warm water and a nail brush. Leave the dentures out at night because if you don't, you're likely to get denture sores, which are caused by candida albicans. . . .

Now you've come in and you're complaining about soreness at the corners of your mouth. I can see that they're looking red and cracked. Now this is a condition which we call angular cheilitis, which is a technical term which refers to a fungal infection which grows at the corners of the mouth. It is caused by ill-fitting dentures, and we may have to consider re-making your dentures. Would you open your mouth a little bit to stop those little creases and folds appearing at the corners of the mouth. In the meantime, I'll give you two things. I'm going to give you some lozenges which I want you to suck. They'll release into your mouth some antifungal agent which will, hopefully, kill the fungal infection at the corners of your mouth. Also, I'm going to give you some paint which I want you to paint on your dentures. This will slowly release the antifungal agent into your mouth which will eventually clear up the infection. I want you especially to take your dentures out at night. This will give a chance for the lips and the corners of the mouth to heal more quickly. When you take them out at night, make sure to put them in water.

13/8

- 1 Also known as tooth decay, it is the common cause of losing teeth, up to about the age of 55.
- 2 This is a disease affecting the gums which is caused by a build-up of plaque and bacteria around the neck of the tooth which, if not removed by the patient, forms tartar or calculus.
- 3 This is a concentration of mineral salts which irritates the gum causing an inflammatory response which results initially in gingivitis.
- 4 This is a reddening and swelling of the gums with bleeding. If it is not treated then it will cause further irritation which results in the bone surrounding the tooth being lost, which eventually will cause mobility and the tooth will be shed.
- 5 These usually require antibiotic therapy followed by scaling and root-planing if the tooth is to be saved.
- 6 The cause is not known /autoimmune disease/. The treatment is usually by prescription of either mouth wash, benzydamine hydrochloride /Difflam/, or Triamcinolone paste, which is an extremely strong steroid, extremely good for the treatment of this ulceration.

13/8/B See Workbook.

Unit 1

1/1/1

Yes: a) b) e) h) No: c) d) f) g)

1/1/3 a)-C b)-A c)-B

1/1/4

a) Rubella

b) Have you ever been hospitalized?

c) I've been getting insulin shots.

d) Are you up-to-date on your immunizations?

1/1/5 a)-C b)-A c)-D d)-B

1/1/6

a) childhood diseases b) in hospital c) major health problem d) up-to-date, e) symptoms

1/1/7

a) Can you tell me whether you have had any childhood diseases?

b) Have you had any major health problems?

c) Have you ever been in hospital for anything?

d) Have you ever had an operation?

e) Do you receive any treatment for your condition?

f) Are you up-to-date with all your immunisations?

1/2/1 a)-B b)-A c)-B d)-B

1/2/3 true: b) false: a) c) d)

1/2/4

a) He passed away

b) Did he have an ongoing heart condition?

c) take insulin shots

d) oral medications

1/2/5 a)-C b)-D c)-B d)-E e)-A

1/2/6 1-b) 2-a) 3-c) 4-c)

1/3/1 1-d) 2-c) 3-a) 4-e) 5-b)

1/3/3 true: a) b) false: c) d) e)

1/3/4

a) I've just been laid off.

b) I worked behind a desk.

c) I quit smoking.

d) What about your living conditions?

e) We live in a small apartment.

1/3/5 a)-C b)-C c)-A d)-A

1/3/6 1-C 2-B 3-C 4-A

1/4/1 b) e) h)

1/4/3 true: a) e) false: b) c) d)

1/4/4

a) I've been feeling so ill lately.

b) You did not have...

1/4/5 a)-E b)-D c)-A d)-C e)-B

1/4/6 1-c) 2-a) 3-e) 4-b) 5-d)

1/5/1

Head - colicky

Tooth - stabbing, cramping

Lower back - crushing

Chest - sensitive

Abdomen - flank pain

Kidneys - splitting

Extremities - pulsating, tension

1/5/2/A a)-F,G b)-C,E,F c)-E

d)-E e)-D f)-B g)-A h)-A

1/5/2/B

a)-constant b)-severe c)-dull

d)-fixed e)-stinging f)-

intermittent g)-pins&needles h)-

cramp i)-constricting j)-sore

k)-piercing l)-excruciating m)-

circumscribed n)-pounding o)-

diffused p)-acute q)-vague

discomfort

1/5/4 true: b) c) false: a) d)

1/5/5 It's more intense when climbing stairs.

1/5/6

a)-Location b)-Character

c)-Duration d)-Onset e)-Factors

that alter the problem f)-Radiation

g)-Related symptoms

1/5/7

Where does it hurt?

When did it start?

How long did it last?

Could you describe what the pain feels like?

Does the pain move anywhere?

Does anything relieve the symptoms?

Were there any symptoms you experienced that are related to this problem?

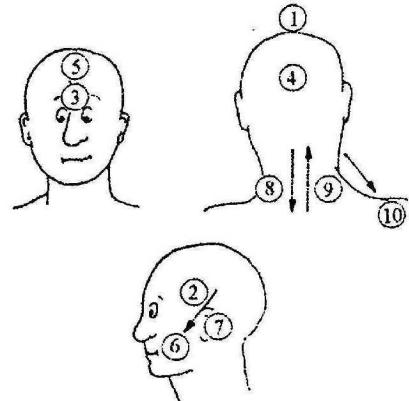
1/6/3

a)-right side b)-half an hour c)-

flashing lights d)-lie down e)-

aspirin, f)-My mother g)-stabbing

1/6/1



1/6/4

a) I am nauseous.

b) I actually throw up.

c) Have you found any medication?

d) guess

e) I have to stop whatever I am doing.

1/6/5 a)-C b)-B c)-d)-C

1/6/6 Examples:

a) Can you point out the painful area?

b) How long does the headache last when you get it?

c) Can you describe the character of the pain?

d) When you get the headache does anything happen at the same time?

e) What do you do when you get the headache?

f) Have you found any medicine that seems to have helped?

g) Does anybody else in your family have this type of headache?

1/7/1 a)-B b)-A c)-B d)-C

1/7/3 a)-A b)-B c)-A d)-A

1/7/4

a) Do you ever get dizzy?

b) Have you seen a specialist about this?

1/7/5

a)-short in duration b)-standing up c)-spinning around d)-can you carry on working e)-gradually

1/7/6 a)-B b)-A c)-B d)-A

1/8/1 a) e) k)

1/8/3 true: a) b) c) f) false: d) e)

1/8/4

a) Have you had any fever recently?
 b) Is your temperature constantly high?
 c) I measured it orally.
 d) Do you also have chills?
 e) Have you traveled to any countries?

1/8/5

a) feverish b) swings c) orally d) in the armpit e) extremely high fever f) has gone down g) trembling h) rattle i) perspire

1/8/6

Have you taken your temperature? And what was it?

And where did you take it?

Do you have any swings in your temperature?

Have you been perspiring much? Then I'll prescribe some tablets to reduce your fever.

1/9/1 c) e) m)

1/9/3 a)–B b)–B c)–A d)–A e)–B f)–A g)–B

1/9/4

a) Do you feel nauseous?
 b) I throw up.
 c) Do you have a nasty taste in your mouth?
 d) I have had a lot of gas lately.

1/9/5

a)–D b)–C c)–E d)–B e)–A f)–F

1/9/6

Do you feel sick or do you actually vomit?

How often does this happen?

Does it get better or worse if you eat something?

When you vomit what do you bring up?

Does it ever look like coffee grinds?

Do you belch a lot?

1/10/1

a) difficulty b) breathing in c) short of breath d) flat e) relieved f) stop g) tests

1/10/3 a)–A b)–B c)–C d)–B e)–A

1/10/4

a)–D b)–E c)–F d)–A e)–B f)–C

1/11/1

a)–whoop b)–wheeze c)–coughing fit d)–hoarse e)–bark
 1/11/3 b) c) f) g)
 1/11/4 a)–C b)–G c)–E d)–F e)–A f)–D g)–B

1/11/5

1 Does it have a strange smell?
 2 Can you describe the sputum for me?
 3 How long have you had this cough?
 4 Do you bring up any phlegm?
 5 Is there anything that relieves the cough?
 6 Can you describe this cough for me?

1/12/1 a)–B b)–C c)–C d)–A e)–C

1/12/3

a)–B b)–A c)–B d)–B e)–A f)–B

1/12/4

a)–sit b)–slowly c)–aggravated d)–improved e)–spread

1/13/1

a)–appetite b)–special c)–followed d)–lose e)–cholesterol f)–steady

1/13/3 a)–A b)–B c)–A d)–C e)–A

1/13/4

a)–How's your appetite?
 b)–Describe your eating habits to me.
 c)–Over what period of time?
 d)–...gaining...

1/13/5

a)–special b)–putting on c)–my food d)–dairy products e)–cut/out/down on

1/13/6

D1 What's your appetite like?
 D2 Have you lost weight? /Are you losing weight?
 D3 How many pounds have you lost?
 D4 How long have you been losing weight for?

D5 Are there any foods that you dislike?

1/14/1 a)–A b)–B c)–D d)–C e)–E

1/14/3

a)–He has an irregular bowel movement.

b)–He has problems going to the toilet.

c)–The stool does not float so it flushes away.

d)–He has noticed some blood in it.

e)–The blood is mixed in the stool.

f)–Only a laxative helps.

1/14/4

a)–Do you have to go to the bathroom frequently?
 b)–Do you use an enema?
 c)–Do you have any bloating?
 d)–Do you have any problems with excessive gas or burping?

1/14/5

a)–D b)–A c)–E d)–F e)–C f)–B

1/14/6

a)–C b)–E c)–B d)–F e)–A f)–D

1/15/1

a)–bruise b)–units c)–a tendency to bleed d)–abnormal bleeding e)–blood transfusion f)–clot

1/15/3

a)–B b)–C c)–C d)–A e)–C

1/15/4

Do you bleed easily?
 How long does it take to stop the bleeding?

When did you first notice the problem?

And have you ever had a blood transfusion?

Do you remember how many units you received?

1/16/1

a)–D b)–H c)–F d)–B e)–C f)–I g)–G h)–A i)–E

1/16/2

a)–C b)–E c)–G d)–B e)–F f)–A g)–D

1/16/3

a)–10 b)–12 c)–6 d)–2 e)–5 f)–7 g)–11 h)–13 i)–4 j)–3 k)–8 l)–9 m)–1

1/17

1–d 2–f 3–e 4–g 5–c 6–a 7–h 8–b

Unit 2

2/1/2

a)–viral → bacterial infection
 b)–before meals → after meals

c)–talcum powder → ointment
d)–does not think → He thinks the rash ...

2/2/1

1–d 2–f 3–e 4–a 5–h 6–b 7–j 8–c

9–g

2/2/2

- 1 analgesics
- 2 antibiotics
- 3 antacids
- 4 antipyretics
- 5 antihypertensives
- 6 emetics
- 7 antiasthmatics
- 8 vasodilators

2/2/4

terms not used with patients:

2/2/1: 1, 3, 4, 5, 6, 7, 9; 2/2/2:
1, 4, 5, 6

2/2/5

1–sleeping pill 2–anthelmintics
3–water tablets 4–cough mixture
5–tablets

2/3/1

some examples: allergy, abdominal discomfort / gastric problems, dizziness, nausea, vomiting, diarrhoea, respiratory problems/ shortness of breath / breathlessness, high blood pressure, renal failure / kidney disorders, visual disturbance, palpitations

2/3/2

1–allergy 2–abdominal discomfort / stomach problems 3–dizziness

4–nausea

2/4/1

- a)–1, 4, 6, 8 b)–1, 4, 6, 8 c)–4, 6, 8 d)–7, 10, 11 e)–2, 3, 5, 7, 9 f)–2, 3, 5, 7, 9 g)–2, 3, 5, 7, 9 h)–2, 3, 5, 7, 9 i)–2, 3, 5

Unit 3

3/1/1 a)–D b)–C c)–A d)–B

3/1/2 a)–B b)–B c)–B d)–A

3/1/4

- a)–When was your last period?
- b)–How old were you when your periods started?
- c)–How long is it between your periods?

- d)–How long do your periods last?
- e)–Do you lose a lot of blood?
- f)–When did you last have a smear test?
- g)–Have you ever had any problems with your periods?
- h)–Have you noticed any swelling in your breast?
- i)–Have you noticed any lumps in your breast?

3/2/A/1

- a)–C b)–F c)–D d)–E e)–A f)–B g)–G

3/2/A/2

a–down below b–thigh c–tummy
d–legs e–lower back f–base of the spine g–around my back passage

3/2/4 A

- a)–a little bit sore b)–really sore
- c)–a terrible crampy feeling d)–causing days off work

3/2/1 B,C

hypermenorrhoea: a) d) e)
metrorrhagia: b) c) d)

3/2/3 B,C

- a) heavier b) soaks c) painful

3/2/4 B,C

- a)–irregular periods b)–missed periods c)–flooding, passing clots
- d)–spotting e)–extreme pain f)–regular cycle

3/2/5 B,C a)–B b)–B

3/2/6 B,C

Are your periods regular?
Could you tell me when your last period was?

Have your periods always been irregular?

Do you get any bleeding in between your periods?

3/2/7 D,E,F 1–b) 2–c) 3–a)

3/2/8

- a)–Do you ever find it b)–it's been quite painful c)–does it happen d)–get this really deep e)–we haven't been able to

3/2/9 a)–D b)–A c)–d)–B

3/2/10 b)

3/2/11

- b)–is the lump there after c)–When the lump comes down

3/4/2 a)–B b)–C c)–A d)–C

3/4/3

What seems to be the problem?
How long has it been since your last period?

Do you use any kind of contraception?

Have you ever forgotten to take it?

3/4/5 a)–B b)–C c)–C d)–B

3/4/6 a) e) g) k) l) m)

3/4/7

a)–slight movement b)–mild infection c)–not difficult to treat d)–secretion from the vagina

3/4/9

a)–Have you felt the baby move?
b)–Have you had any stinging when you pass urine?

c)–Have you had an ultrasound recently?

d)–Have you noticed any discharge from down below?

e)–Have you decided whether you want to know if it is a boy or a girl?

3/5/1

a)–vaginal examination b)–induced abortion c)–ectopic e)–the birth of a dead child f)–an operation by which the foetus is taken out from the uterus

3/5/2

- a) Is this your first pregnancy?
- b) How many times have you been pregnant before?
- c) How many children do you have?
- d) Have you had any miscarriages?
- e) Did any of your pregnancies end in a stillbirth?

3/5/3

a)–two children, b)–three and five c)–premature d)–late e)–induced

3/6/1 headaches, failing vision

3/7/1

a)–E b)–C c)–D d)–B e)–F f)–A

3/7/3 true: c) e) false: a) b) d) f)

3/7/4 a)–B b)–C c)–A d)–C

3/7/5

a) What kind of anaesthetic did you have during labour?
 b) Did you start labour by yourself?
 c) How long did the labour go on for?
 d) Were there any problems during labour?
 e) How did you feed the baby?

3/8/1 1-c) 2-a) 3-d) 4-b)

3/8/2 a)-B b)-B c)-A d)-B e)-A

3/10/1

spontaneous/normal/natural delivery, Caesarean section, forceps delivery, breech delivery

3/10/3

b) because that makes the cervix softer and easier to open up
 c) so that the uterus will begin to contract
 d) so as to get things started

3/10/4 b) c) d) f) g) h)

3/10/6

Examples:

b) Are you getting regular contractions?
 c) How often are the contractions coming? Are the contractions coming closer together?
 d) Are the contractions stronger?
 e) How long do your contractions last when they come?

3/11/1 males: d) e) f)

females: a) b) c) d) f)

3/11/3

a)-combined pill, IUD, sterilisation b)-mini pill, IUD c)-condom, mini pill

3/12/1

hot flushes and sweats, vaginal dryness, moody behaviour, osteoporosis, heart disease

3/12/2 a)-B b)-A c)-B d)-A

3/12/3

a)-When did you have your last period?
 b)-Have you had any problems since then?
 c)-How often do you get hot flushes?

d)-Has it interfered with your sex life?

3/13/2

a)-We'll put you to sleep.
 b)-We'll make a cut.
 c)-You won't have any periods.
 d)-You won't be able to have any children.
 e)-You'll have to stay in hospital for six days.
 f)-We'll keep you comfortable with painkillers.
 g)-You'll have to get plenty of rest.
 h)-You can gradually start doing things again.
 i)-I want you to come in for a check-up.
 j)-You may get a bit of a problem with your weight.

k)-You might / get hot flushes / have night sweats / have dryness of the vagina.

3/13/3 a)-fibroids b)-prolapse
 c)-endometriosis d)-pelvic infections e)-menstrual disorders
 f)-cancer

3/13/B/4 a)-growths b)-dropped
 c)-lining d)-inflamed e)-disorder
 f)-affected

Unit 4

4/2/2

a)-special section in a paediatric department for babies with severe problems
 b)-special section of the obstetrics department where babies away from mothers are cared for
 c)-full term
 d)-postmature
 e)-notes made by staff on the baby's condition while in the special care unit

4/3/2

a)-tongue depressor b)-fungal infection c)-umbilicus d)-anxieties e)-nappy change

4/3/3

a)-check his heart and lungs.
 b)-make sure that they are in places.

c)-he has a little bit of thrush.

d)-help the infection go away.

e)-you can clean around the umbilicus at bath time.

4/3/4

1-c) 2-f) 3-e) 4-a) 5-d) 6-b)

4/3/5

a)-E b)-C c)-F d)-B e)-A f)-D

4/6/1 eyes, ears, voice, psychical movements

4/6/2 1-d 2-a 3-e 4-c 5-b 6-f 7-h 8-j 9-g 10-i 11-n 12-m 13-o 14-l 15-k

4/8/1

removing clothes, reducing air temperature, bathing with lukewarm water, medication

4/8/2

a)-high-above normal

b)-tepid-lukewarm

c)-right-correct

d)-wee-short, small, quick

e)-good enough-appropriate

f)-antibiotic-antibacterial

4/9/2

a)-projectile vomiting b)-brings up his feed c)-minor surgery d)-outlet of the stomach e)-overdevelopment of the muscles

4/11/1 a) c) e)

4/11/2

a)-gasp for air b)-occasionally c)-current problem/recurrence d)-it'll be cured without treatment e)-miss school

4/13/1 a) b) d) f)

4/13/3

a)-decide it is definitely not meningitis b)-flex his neck c)-it's quite straightforward, d)-lumbar puncture, e)-it should not be too upsetting f)-to start the appropriate therapy

4/13/4 a)-C b)-E c)-D d)-A e)-B

4/14/1 d) g)

4/15/2

a) Where did you develop the rash?
 b) When did you develop the rash?

c) Are they itchy, uncomfortable, sore?

d) Was the colour of your pee/wee any different from usual?
 e) Have you had tummy ache?
 f) Was there any blood in your stool?
 g) Was there any swelling of wrist, elbows, ankles?

Unit 5

5/1/1 a), c), d), g), h)

5/1/2

a)–15–20 times b)–sometimes c)–yes d)–trickles e)–not sure f)–sometimes g)–no

5/4/1 c) d) f) g) h)

5/4/3

a)–blood, urine, heart tracing, chest X-ray, IVP b)–large quantities of drink; c)–fizzy drinks, constipation, intercourse d)–very little

5/4/4

a)–after 2–5 days b)–every 2–3 hours c)–after 5 days d)–a few weeks after operation

5/5/1 a)–B b)–C

5/5/2

a)–burns, stings b)–all the time c)–blood, cloudy d)–arthritis e)–aspirin, antibiotics

5/5/4

a)–What I'd like to do is to ... b)–Would you please ... c)–I'd like you to ...

5/5/5 a)–C b)–A c)–B

5/6/2

a)–have a look inside the bladder b)–we'll get you into the hospital c)–pop you off to sleep/put you to sleep

5/6/3

a)–We'll bring you to hospital b)–We'll do it under general / local anaesthesia c)–We'll pass a fine tube, d)–We'll inspect the lining of the bladder e)–We may take some biopsies

5/7/1

a)–Where do you get the pain?
 b)–Do you get pain anywhere else?

c)–Have you noticed any changes in the colour of your urine?

d)–Have you passed any blood in your urine?

5/7/2 a) b) d) f)

5/7/3

a)–constant, unpleasant irritation b)–junction between abdomen and thigh c)–tiny particle

5/8/1

a)–have been married b)–have been trying c)–have been d)–have not achieved e)–would be

5/8/4 true: b) e) false: a) c) d)

Unit 6

6/1/1

scars of previous operations, ulcers, abnormalities, inflammation, anatomic deformities

6/1/2 b) c) e)

6/1/5

b) with my light
 c) a bit of air into your ears
 d) a look with the otoscope

6/1/7

a)–I'm going to put a hand across your eyes.
 b)–I'm going to put my finger in your other ear.

6/1/8

cover eyes, block the other ear, call out numbers, repeat the numbers, do the same in the other ear

6/2/3 a)–B b)–C c)–B

6/2/6

a)–Does he smile?
 b)–Does he know you?
 c)–Does deafness run in the family?
 d)–Was it a normal birth?

6/2/7

a)–ENT b)–baby c)–concerned/worried/upset d)–at all
 e)–recalls f)–Although g)–premature

6/3/1 c) f)

6/4/1

a)–are always ringing b)–hurts/has been hurting c)–Does it run/Has it

been running, d)–has been running, e)–Do you hear/Can you hear/Are you hearing f)–Do you have

6/4/2 1–c 2–d 3–a 4–e 5–b

6/5/1

a–kidney basin/bowl b–speculum
 c–apron d–hook e–syringe

6/6/1

a)–B b)–C c)–B d)–A e)–C f)–B

6/8/1

beads, peas, beans, bits of toys, bits of food

6/8/2

a)–two years b)–female c)–on mother's lap d)–hook e)–runny nose

6/8/3

Sit on mummy's lap. I've got this little magic light. I'm putting this little hook down your nose. Promise never to do it again.

6/9/1

weak blood vessels, injury to the nose, high blood pressure

6/9/2

well done, bear with us, keep going, the worst is over

6/9/3

true: a) b) f) g) false: c) d) e)

6/9/4

A: 1, 3, 4, 5, 6, 7, 9, 10, 11; B: 1, 8, 9, 15, 16; C: 2, 12, 13, 14

6/10/2 1–e 2–b 3–a 4–f 5–d 6–c

6/10/4

a)–Sit up in this chair and breathe through your mouth.

b)–I'll turn on the light to look up your nose.

c)–I'll put this anaesthetic on this cotton wool on this silver wire.

d)–I'm passing this up your nose.

I'm going to push now.

e)–Now we'll suck this out.

f)–You'll feel water going in and out through your nose.

6/11/1 a) b) c) e)

6/11/3 true: a) e) false: b) c) d)

6/12/1 1–b) 2–f) 3–g) 4–e) 5–a)

6–c) 7–d)

6/13/1 smoking, drinking alcohol, eating hot, spicy food, too much speaking

6/13/2

- a) I'm not quite sure what it is.
- b) You've got some trouble with your larynx.
- c) It might be something nasty.
- d) You've been rather harsh on your voice.

6/14/1

A: a) c) d) i) **B:** b) e) f) g) h) j)

6/15/3 c) d) f) g)

6/15/4

b)–Let's untie these tapes around your neck.

c)–We have to suck out the tracheostomy before we take the old tube out in case you have a lot of mucus.

d)–Now take a deep breath for me.

e)–We'll pull this tube out and we are putting a new tube in.

f)–Let's take out the cannula, you may breathe.

UNIT 7

7/1/1

- a) fall, break, scald, burn, bruising
- b) in the home (kitchen, stairs), at work, on the road

7/1/3 a)–B b)–C c)–C d)–B

7/2/1

- a)–may have broken a bone
- b)–straighten the bone
- c)–hold it with a plaster cast
- d)–put wires in the bone

7/2/2

doubt: It is possible – a) b) d) e)

certainty: I'm sure, I'm certain, I'm confident – b) d) e)

advice: I advise – c)

7/2/4 1–b 2–f 3–e 4–c 5–a 6–d 7–i 8–g 9–l 10–j 11–h 12–k

7/3/1

b) it will become soft and the bone may move

c) the plaster is too tight so come back straight away

- d) avoid swelling within the plaster
- e) to make sure the bones haven't moved

7/4/2 true: a) b) d) false: c)

7/4/3

- a)–prominent b)–curved c)–fit d)–severely disabled e)–concerned

7/4/4

1–c 2–f 3–h 4–b 5–g 6–d 7–a 8–e

7/5/1 correct: a) c) e) f)

7/5/2 a)–mild b)–fairly serious c)–severe

7/5/4

b)–hips came out of joint c)–it rarely causes problems in the long term d)–I recommend that he wears double nappies e)–I would like to re-examine him f)–he stands every chance of developing normally

7/6/2

- a) What problems are you having at the moment?
- b) How did it begin? Was it sudden or gradual?
- c) Does the hip prevent you from doing anything at the moment?
- d) Do you limp?
- e) Do you need to use a stick or crutches to get around?
- f) Does your hip cause you any other problems?

7/6/3 1–d) 2–f) 3–h) 4–a) 5–g) 6–c) 7–b) 8–e)

7/6/4 1–e) 2–b) 3–d)

7/6/5

- a)–you have severe osteoarthritis of your left hip
- b)–congenital dislocation of the hip
- c)–would be an operation to replace your left hip.

7/7/1 a) b) c) e) f) h)

7/7/3 true: a) b) e) false: c) d)

7/7/4

a)–past four months, general deterioration b)–sore, stiff hands, knees, shoulders c)–none d)–disturbed sleep, difficulty dressing, washing, combing hair,

doing housework e)–indigestion, heartburn

7/7/5

a)–B b)–B c)–A d)–A e)–B f)–A

7/8/1

physical therapy or exercise, hydrotherapy, (underwater) massage, ultrasound treatment, deep heat treatment, interferential – microwave, range of motion exercise, manipulation, traction

7/8/2

A–iontophoresis – electrical stimulation B–faradic electrostimulation – electrodes on the skin – strengthens the muscles C–ultrasound – pulse wave – encourages the healing of the tissues D–exercise – controlled movement – to extend the range of movement

7/9/1 a)–flat feet b)–corn c)–bunion d)–hammer–toe

7/9/2

- a)–sore, ache, tires easily
- b)–an insole
- c)–wear some broad, comfortable shoes

UNIT 8

8/1/2 b)–perform, carry out

c)–administer, use d)–do

8/1/3 a)–blood test b)–blood test

c)–ultrasound scan d)–scan

8/2/1

gastric acid reflux, chemical irritation (alcohol, tobacco), oesophageal stricture, malignant diseases, congenital, causes of problems of the oesophagus

8/2/2 food pipe, gullet

8/4/4 a)–2 b)–3 c)–2 d)–3

8/5/3

a)–for enlarged glands c)–if the lump is solid or cystic or calcium deposit d)–to obtain a tissue sample e)–to determine the nature of the cells

8/6/2

a)–eventually b)–fracture with no complications c)–restore the broken bone to its normal

condition d)—unable to bend or straighten the knee
8/7/2 true: a) b) e) false: c) d)

Unit 9

9/1/1 a)—alopecia b)—paronychia c)—tinea barbae
9/1/3 a)—paronychia b)—nailfold c)—before it clears up d)—at least 3 months e)—without a break f)—it flares up at any time or gets worse
9/1/4 a)—painful spots b)—burst d)—clear up e)—come to a head
9/1/5 a)—Have you ever had b)—Has anybody in your family ever had
9/1/7 a)—with b)—out c)—for d)—for, up e)—on, from f)—up g)—with, to h)—in, up i)—to j)—out
9/2/1 a)—washed out b)—rubbed in d)—left e)—reduced
9/2/2 a)—T gel shampoo b)—diprosalic scalp application c)—tar based shampoo
9/2/3 a)—When did it first start? b)—When did it flare up? c)—Which parts are affected now? d)—Does anybody else in the family have psoriasis?
9/2/4 a)—it's now very widespread b)—for you to treat at home c)—with regular dressings, tar paste shampoo, UV light d)—in hospital for about four weeks
9/2/6 a)—treated b)—psoriasis c)—flared up; d)—wide—spread e)—body f)—prescribed g)—course h)—reviewed
9/3/2 a)—blisters b)—scabs c)—tingling d)—from time to time e)—come up f)—break down
9/4/1 a)—spots and pimples b)—acne c)—medicine d)—antibiotics e)—

antibiotics f)—spots and pimples g)—acne h)—antibiotics
9/5/1 warts: 2, 5, 7, 8, 9, 11; moles: 1, 3, 4, 5, 6, 10, 11
9/5/2 1—e) 2—g) 3—c) 4—f) 5—b) 6—a)
9/7/1 a) c) d) f)
9/7/2 patch test
9/7/3 a)—find out b)—stick c)—substances d)—inflamed e)—affect
9/8/2 a)—E b)—C c)—A d)—F e)—B f)—D
9/9/2 a) b)
9/9/4 a)—elective b)—excision c)—squamous d)—non—ulcerated e)—grafting f)—basal g)—marked h)—swabs i)—responded j)—transferred k)—dressings
9/10/2 a)—I'd like to do b)—I'd like to determine if c)—It may go on for some time d)—We may not f)—I'll give you a note
9/11/2 a)—started yesterday b)—feel shivery, have a temperature c)—gradually become
9/12/1 P: a) b) c) D: d) e) f) g) h)
9/14/1 a)—has b)—has received c)—to have lost d)—am now beginning e)—would be
9/14/2 Thank you for seeing the above named 38—year—old lady. She presented with a mole that has been present on her (R) calf lateral aspect for several years. She has noticed over the last few months that this has developed a crusty edge to it. There have been no other changes noted. On examination there was a speckled mole which did not look sinister.

However, in view of the changes she is anxious for removal/biopsy.

Unit 10

10/1/1 false: d) h)
10/2/1 a) b) e) f) g)
10/2/3 1— Have you got a regular sexual partner?
2— When did you have a sexual contact with a partner?
3— Has your partner has any problems like this?
5— We'll see you again in the clinic in 2 weeks' time.
6— By that time your symptoms should have settled.
7— We should have the results of other cultures.
8— I'll get you to speak to one of the health advisors
9— Could you please give me a specimen of urine?
10— I will require to take a blood sample from you.

10/3/1

a)—would be b)—could see c)—has noticed d)—examined e)—suggests f)—has g)—would be h)—could see

10/4/1 a)—C b)—B c)—C

10/5/1 a)—D b)—H c)—E d)—A e)—F f)—G g)—B h)—C

10/5/2

Small injections of the same vaccine to sustain the protection. / A supplementary dose of an immunizing agent.

Unit 11

11/1/1 a)—1, 5, 6, 8, 9 b)—2, 3, 4, 10, 14 c)—11 d)—7, 13

11/2/1 a)—B b)—C c)—D d)—A

11/2/2 d)—A a)—B c)—C b)—D

11/2/3

a)—require b)—muscles c)—shape d)—weaker e)—ability f)—sharp g)—underlying h)—adaptability

11/3/1

1—c) 2—e) 3—f) 4—d) 5—b) 6—a)

11/3/5 a)-smart b)-blurred c)-wear off d)-open up the pupils e)-see the back of the eye

11/4/1 a) c)

11/5/2 a)-scratch b)-bandaged c)-anaesthetic d)-healing e)-movement f)-open up g)-happens

11/7/1 a)-C b)-A, C c)-D

11/7/2 local anaesthetic, incision, removal of the lens, putting in the lens implant

11/8/1

a)-How old are you? b)-Do you have trouble seeing objects that are far away? c)-Is there anyone in your family who has had glaucoma? d)-Have you ever experienced / had an eye injury? e)-Have you ever experienced / had anaemia or shock? f)-Do you have any African ancestry?

11/11/2 a)-D b)-E c)-B d)-A e)-F f)-C

11/12/1 4, 6, 7, 8

11/12/2 odd words: b) g)

11/13/1

diabetes, thyroid disease, strokes, brain tumours

11/13/2

a)-the eye turns inward b)-the eye turns outward c)-or "lazy eye" poor vision in an eye that did not develop normal sight during early childhood d)-due to infant's facial appearance, tends to improve as child grows

11/13/3 c)

Unit 12

12/2/1

1-c) 2-f) 3-b) 4-i) 5-a) 6-d), h) 7-d), h) 8-e) 9-g) 10-g)

12/3/2

b)-I'm going to ask
c)-Can you tell me
d)-I'm going to give you
e)-I want you to remember
f)- I'll ask you to

12/4/1 1-e 2-c 3-b 4-a 5-d

12/4/2 1-c 2-f 3-a 4-e 5-g

6-b 7-d

12/5/2 1-d 2-i 3-e 4-a 5-h

6-b 7-g 8-f 9-c

12/5/3 1-c 2-a 3-d 4-b

12/5/4 1-b 2-c 3-a

12/6/1 1-b 2-f 3-d 4-e 5-a 6-c

12/6/2 1-b 2-d 3-c 4-a

12/9/1 a)-EEG b)-EMG

d)-MRI e)-CSF

12/10/1

a)-grateful b)-signs c)-sensations

d)-collapse e)-onset f)-laceration

g)-consciousness h)-abuse

i)-seizures j)-postural

k)-appointment l)-current

Unit 13

13/2/3 1-c) 2-g) 3-e) 4-b) 5-

f) 6-a) 7-d)

13/2/6

a)-drill-to make a hole in the tooth

b)-ejector-to remove the saliva and water from the oral cavity

c)-slower drill-a drill which vibrates a lot and is used to remove the decay

d)-excavator-is used to scrape out the decay

e)-matrix retainer-to assist the placing of the filling into the tooth

13/4/2 a)-C b)-E c)-D d)-F

e)-A f)-B

13/5/3

a)-you are not very happy

b)-You seem to think

c)-this is what we do

d)-We can decide on

e)-we may eventually decide

f)- We have to

g)-if we decide

13/5/5

a)-straightening of the teeth

b)-any form of brace to the teeth

c)-non-removable brace

d)-protruding e)-can be taken out by the patient

13/7/1 true: a) c) d)

13/8/1

1-b) 2-a) 3-e) 4-d) 5-f) 6-c)

Pronunciation Guide to Medical Terminology

Vowels and diphthongs

ɑ:	far	æ	bad	e	bed
i	sit	i:	feel	ɔ	cot
ɔ:	saw	u	put	u:	food
ʌ	but	ə	the	ə:	girl
ai	buy	au	now	ɔɪ	boy
ou	toe	ei	make	ɪə	here
ɛə	hair	uə	poor		

Consonants

p	pull	b	but	f	few
v	view	θ	think	ð	this
t	take	d	day	s	soon
z	zoo	ʃ	show	ʒ	pleasure
tʃ	cheap	tʃ	jump	k	key
g	go	m	my	n	no
ŋ	sing	l	led	r	red
w	well	j	yet	h	hot

The letters printed in **bold type** represent the sound value of the symbol.

The mark (') means that the following syllable has main stress, and (,) means that the following syllable has secondary stress. For example: [ænə'l'dʒi:zɪk]

abnormality	æbno:'mæliti	antibiotic	æntibai'ɒtik
abscess	'æbses	anticoagulant	æntikou'ægjelənt
acne	'ækni	antiemetic	'æntii'metik
acyclovir	,æ'saiklou,vir	antihypertensive	,ænti,haiper'tensiv
affliction	ə'flikʃən	antipyretic	'æntipai'retik
albuminuria	æl,bjumə'nju:riə	antiseptic	,ænti'septik
allergen	'ælədʒen	antitussive	,ænti'tʌsiv
allergic	ə'lə:dʒik	antrum	'æntrəm
alopecia	,ælou'pi:sjə	anus	'einas
amenorrh(o)ea	ə,menə'ri:ə	aphonic	ei'founik / -'fɔ-
amniotic	,æmni:t'ɔ:tik	appendectomy	,æpən'dektəmi
amblyopia	,æmbli'ɔ:piə	appendicitis	ə,pendi'saitis
ampoule	'æmpu:l	appendix	ə'pendiks
an(a)esthesia	,ænis'θi:zjə	arhythmia	ə'riθmɪə
an(a)esthesiologist	,ænis,θi:zi'clədʒist	arthritis	ə:'θraitis
an(a)esthetize	æ'ni:sθətaiz	asthma	'æsmə
an(a)esthetic	,ænis'θetik	asthmatic	æs'mætik [Am: æz]
analgesic	,ænəl'dʒi:zik	astigmatism	ə'stigmətizəm
aneurysm	'ænjuərɪzm	aura	'ɔ:re
angular cheilitis	,æŋgjulə kai'laitəs	auriscope	'ɔ:riskoup
antacid	'ænt'æsid	axillary	æk'siləri
anthelminthic	,ænt,hel'mintik / ,æn,θel-	bacteriology	bæk,tierɪ'clədʒi
anti	,ænti: / ,æn,tai		

bandage	'bændidʒ	dermatology	,dærmə'tɔ:lədʒi
basal	'beisəl	diabetes	daiə'bi:ti:z
benign	bi'nain	diagnose	'daiəgnouz
biopsy	'baɪɔpsi	diagnosis	,daiəg'nousis
blister	'blistə*	diaphragm	'daiəfræm
blurred	blə:d	diarrh(o)ea	,daiə'riə
breath	breθ	dilatation	,dailə'teiʃən / ,dilə-
breathe	bri:ð	diplopia	di'ploupiə
bronchial	'brɔŋkiəl	disability	,disə'biliti
bronchitis	brɔ:ŋ'kaitəs	disorientated	dis'ɔ:rienteit
bronchodilator	brɔ:ŋ'koudai'laitə	diuretic	daijuə'retik
C(a)esarean	si'zæriən ['ze]	dizziness	'dizinis
calculus	'kælkjuləs	drowsy	'drauzi
Candida	'kændidə	dysmenorrh(o)ea	,dismenə'ri:ə
carcinoma	,kɑ:si'noumə	dyspareunia	,dispə'ru:nɪə
cancer	'kænsə	dyspn(o)ea	dis'pnɪ:ə
caries	'kærii:z / -riz	eclampsia	i'klæmpsɪə
cartilage	'kɔ:tilidʒ	eczema	'eksimə
cataract	'kætərækt	embolism	'embəlizm
cauterise	'kɔ:təraiz	emetic	i'metik
cervix	'sə:viks	endometriosis	,endou'mi:tri:'ousəs
chalazion	kə'læizən	endometrium	,endou'mitriəm
chickenpox	'tʃɪkɪnpɔks	enema	'enimə
Chlamydia	klə'midi:ə	epidural	epi'djuərəl
cholesterol	kə'lestərəl	erysipelas	,er'i'sipiles
chronic	'krɔnik	erythromycin	i,riθrə'maisən
climacteric	klai'mæktərik	esotropia	,esə'troupiə
chloromycin	'klouroumaisən	estrogen / oestrogen	'istrədʒən / 'estr-
cocaine	kou'kein	euthyroid	(-)ju:'θai,roid
cocainise	kə'keinaiz	excision	ek'si:zn
congenital	kən'dʒenitl	exotropia	,eksə'troupiə
congestion	kən'dʒestʃən	expiration	ekspi'reiʃn
consciousness	'kɔnʃəs	extraction	iks'trækʃn
constipate	'kɔnstipeit	exudate	'eksjudeit
contraception	,kɔntrə'sepʃən	exudative	ig'zu:dətiv / 'eksju:deitiv
contraction	kən'trækʃən		
convulsion	kən'vʌlʃən		
cornea	'kɔ:nɪə	facial	'feiʃəl
coronary	'kɔrənəri	Fallopian	fə'loupiən
cranial	'kreiniəl	febrile	'fi:brail
curettage	,kjurə'tɔ:ʒ / kjuə'retidʒ	fibroid	'faibroid
cycle	saikl	flare-up	flæə ʌp
cyst	sist	flatulence	'flætjuləns
cystitis	sis'taitis	flexural	'flekʃərl
cystocele	'sistə,si:l	f(o)etal	'fi:təl
cystoscope	'sistə,skoup	forceps	'fɔ:seps
cystoscopy	sis'tɔ:skəpi:	fracture	'fræktʃə

fungal	'fʌŋgəl	jaundice	'dʒɔ:ndis
fungus	'fʌngəs		
gauze	gɔ:z	laceration	,læsə'reiʃn
genital	'dʒenitl	lacrimal	'lækriməl
genitalia	,dʒenə'teiliə	laryngitis	,lærin'dʒaitis
genitourinary	'dʒenitə'ju:rə,neri:	laryngoscopy	,lærin'gɔ:skəpi
gingivitis	,dʒindʒə'veitis	larynx	'lærinks
glaucoma	glə:'koumə	lateral	'lætərəl
glossopharyngeal	,glosou,fə'rindʒ(i)əl / -, færən-/	laxative	'læksətiv
goitre	'gɔ:itə*	l(a)esion	'li:ʒən
Gonococcus	gənə'kɔ:kəs	lethargic	le'θa:dʒik
gonorrh(o)ea	gənə'ri:ə	leucoplakia (Am: leuko)	,lu:kou'plækɪə
gonorrh(o)al	gənə'ri:əl	leucorrh(o)ea	,lu:kə'riə
gullet	'gʌlit	ligament	'lɪgəmənt
gyn(a)ecological	gai'nɪkə'lɔ:dʒɪkl	liniment	'lɪnɪmənt
gyn(a)ecology	gai'nɪkə'lədʒɪ	lozenge	'ləzɪndʒ
h(a)ematuria	hi:mə'tjuəriə	lumbar	'lʌmbə* / 'ləm- / 'ləmbə:
h(a)emorrhoid	'heməroid		
hepatitis	hepə'taitəs	macular	'mækjulə*
hereditary	hə'reditəri	malignancy	mə'lignənsi
hernia	'hə:njə	malignant	mə'lignənt
herpes	'hə:pɪ:z	malnutrition	'mælnju:'trɪʃn
homosexual	'houmou'seksjuəl	mammogram	'mæmə,græm
hordeolum	hə:'di:ələm	matrix	'meitriks
hydrochloride	,haidrə'klou(ə)raɪd	measles	mi:zɪz
hydroxyde	hai'drɔ:ksaɪd	melanoma	,melə'noʊmə
hypermenorrh(o)ea	haipə,menə'riə	meningitis	,menin'dʒaitis
hypermetropia	haipə'me'troupiə	metabolism	mə'tæbəlɪzəm
hyperplasia	haipə'pleɪzɪə	metronidazole	,metrə'naidə,zoul
hypoglossal	haipə'glosəl	metorrhagia	,mi:trə'reidʒiə
hysterectomy	histə'rektəmi	microbe	'maikroub
immunization	imju:nai'zeiʃn	migraine	mi'grein / Am: 'mai,-
indigestion	indi'dʒestʃn	mucolytic	,mju:kə'litik
infection	in'fekʃn	mucous	'mju:kəs
infertility	infə:'tilit	mucus	'mju:kəs
inspiration	inspə'reiʃn	murmur	'mə:mə*
intermittent	intə'mitənt	myopia	mai'ɔ:pjə
intra-ocular	intrə'ɔ:kjulə*		
intrauterine	intrə'ju:tərən / -,rain	nausea	'nɔ:ziə / -siə / -ʃə
intravenous	intrə'vi:nəs	nebuliser (Am: -zer)	'nebju,laizə
iodine	'aiədi:n	neonatal	,ni:ou'neitl
iritis	aiə'raɪtɪs	neuritis	njuə'raɪtɪs
irritation	iri'teiʃn	neurological	,njuərɔ:lɔ:dʒikəl
isotope	'aisə,toup / 'aisou-	neurology	njuə'rɔ:lədʒi
		nodular	'nɔ:dʒulə*
		obstetrics	əb'stetriks / əb-

obstructive	əb'strʌktɪv	psycho-motor	,saɪkə'moutə*
(o)edematous	ɪ'demətəs	pulmonary	'pʌlmənəri
(o)esophagus	ɪ'səfægəs	pulsion	pʌlʃn
onychomycosis	,ɔnɪkoumai'kousəs	purpura	'pə:pjurə / -p(j)ərə
ooze	u:z	pus	pʌs
ophthalmology	,ɔfθæl'mɔlədʒi	pyloric	pai'lɔrik
ophthalmoscope	ɔfθælməskoup	rectal	'rektəl
orthodontics	,ɔ:θə'dəntiks	rectum	'rektəm
orthop(a)edic	,ɔ:θou'pi:dik / ,ɔ:rθə-	reflex	'ri:fleks
orthop(a)edics	,ɔ:θə'pi:diks	reflux	'ri:flʌks
osteoporosis	,ɔstioupə'rrousəs	renal	ri:nl
otitis	ou'taitis	reproductive	,ri:prə'dʌktɪv
otoscope	'outəskoup	resuscitation	ri:sʌsi'teɪʃn
ovary	'ouvəri	retrobulbar	,retro'bəlbə, -bə:
oxytetracycline	'ɔksi:,tətrə'sai,kli:n	rheumatoid	'ru:mətoid
p(a)ediatrics	pi:di'ætriks	rickets (pl)	'rikits
p(a)ediatrition	,pi:diə'triʃən	rubella	ru:'belə
palpitation	,pælpɪ'teɪʃn	salicylic	,sæli'silik
parietal	pə'raɪətl	salivary	sə'laivəri /
paronychia	,pærəu'nikiə	scabies	Am: sədə, veri: 'skeibii:z
patellar	pə'telə	scoliosis	,skəli'ousis
pelvic	'pelvik	sedative	'sedətɪv
perimetry	pə'rimetri	seizure	'si:zə*
perineum	,peri'nɪ:əm	sinusitis	,sainə'saitis
perinea (pl)	,peri'nɪ:ə	skull	skʌl
periodontal	,periou'dəntl	smear	smiə*
peripatetic	,peripə'tetik	spasmolytic	,spæzmo'litik
pertussis	pər'təsəs	spatula	'spætjulə
pharynx	'færɪŋks	speculum	'spekju:ləm
phenol	'fi(:),noul / -nɔ:l	spinal cord	,spainl 'kɔ:d
physio-	,fiziə	sputum	'spju:təm
placenta	plə'sentə	Staphylococcus	,stæfilə'kɔkəs
planing	'pleinɪŋ	stenosis	ste'nousis
plaque	plæk	sterile	'sterail
pneumonia	nju:'mouniə	steroid	'sti(ə)roid, 'stɛ(ə)-
podophyllum	,pədə'filəm	strabismus	strə'bizməs
postural	'postʃərəl	Streptococcus	,streptou'kɔkəs
precarious	pri'kærɪəs	sty(e)	stai
preeclampsia	,pri:i'klæm(p)siə	swab	swəb
premature	,premə'tʃuə*	testicular	tes'tikjulə*
presbyopia	,prezbi:'oupi:ə	thrush	θraʊʃ
progesterone	prə'gɛsteroun	thyroid	'θaɪroid
projectile	'prɔdʒɪktail	thyroidectomy	,θaɪroi'dektəmi
prolapse	'proulæps	thyroidism	'θaɪroidizm
prostatectomy	,prəstə'tektəmi	tincture	'tɪŋktʃə*
prostatitis	'prəstətəaitis	tinea barbae	'ti:niə 'bə:bi -bei
pseudo	'(p)sju:dou		
psoriasis	so'rəiəsis		

tinea pedis	'pedəs	urology	juə'rələdʒi
tinea versicolor	'vərsi,kələ	urticaria	,ə:tɪ'kərɪə
tinnitus	'tinitəs, t'i'nai-	uterus	'ju:tərəs
tonometry	'tounəmətri		
tonsil	'tənsəl	vagina(l)	ve'dʒainə(l)
tonsillitis	,tənsi'laitis		(Am: 'vædʒənəl)
tracheo(s)tomy	treiki'ɔ(s)təmi / træki-	vagus	'veigəs
tranquil(l)iser	'tæŋkwilaizə	varicose	'værikous
transfusion	træns'fju:zən	vasodilator	'veizoudai'leitə / ,veizou'dai,leitə
trauma	'trɔ:mə		vein
triamcinolone	traiəm'sinəloun	veneral	vi'nierəl
Trichomonas	trikə'mounəs	vertigo	'və:ti:gou, və'taigou
trigeminal	trai'dʒeminal	vestibulocochlear	ve,stibjəlou,koukliə
tumo(u)r	'tju:mə*	viral	'vai(ə)rəl
		vision	vizn
ulcer(ate)	'alsə(reit)	vocal	'voukəl
ultrasound	'Altrə,saund	vomiting	'vəmɪtɪŋ
umbilicus	ʌm'bilikəs /	vulsellum /vol-	və'l'seləm
,əmbə'laiķəs			
urinary	'juərinəri	wart	wɔ:t
urination	,juəri'neiʃn	wean	wi:n
urine	'juərin	wheeze	(h)wi:z
ureter	ju:'ritə / 'jurətə*		

Abbreviations that appear in the book

AIDS	acquired immune deficiency syndrome
Am	American*
Br	British*
BIPP	bismuth iodine paraffin pack
CAT	computerised axial tomography
ch	used with children
coll	colloquial
CSF	cerebrospinal fluid
CT	scan computed tomography
D&C	dila(ta)tion and curettage
EEG	electroencephalogram
EMG	electromyogram
GP	general practitioner
HIV	human immunodeficiency virus
HRT	hormone replacement therapy
H(S)V	herpes (simplex) virus
ID	inferior-dento-alveolar nerve

IOP	intraocular pressure
IUD	intrauterine device
IVP	intravenous pyelogram
L	left
lb.	pound
LFT	liver function test
ml	millilitre
mm/Hg	millimetre of mercury
MRI	magnetic resonance imaging
MS	multiple sclerosis
PMT	premenstrual tension (Br)
PMS	premenstrual/postmenopausal syndrome (Am)
PUVA	psoralen plus ultraviolet A
R	right
STDs	sexually transmitted diseases
TV	Trichomonas vaginalis
UVB	ultraviolet B

* This is not a hard and fast rule. There are overlaps between British and American usage.

English for Doctors is recommended for doctors, medical students and nurses whose native language is other than English. The format used in this book will help to develop excellent communicative skills between doctors and patients. Topics like complaints, history-taking, physical examination, treatment and advice are covered on all major medical specialities: Internal Medicine, Medication, Obstetrics and Gynaecology, Paediatrics, Urology, Oto-rhino-laryngology, Orthopaedics, Surgery, Dermatology, Genitourinary Infections, Ophthalmology, Neurology and Dentistry.

Exercises consist of a pre-listening activity aimed at preparing the reader for better comprehension of the main dialogue of the unit, a listening section involving both comprehension and new colloquial vocabulary as well as practice of useful phrases, and a section on the doctor's role where new language skills can be consolidated.

To fit the needs of the users, some dialogues are available in both British and American English since the two sometimes employ different expressions and terminology.

Apart from being an aid in developing language skills used in medical practice, this book can also be used in the preparation of professional examinations.

The complementary recorded material, essential to the course book, is specifically designed to assist in pronunciation, self study and revision.

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